



Southern
Illinois University
Carbondale

Admission Recommendation Form
Graduate Programs
College of Business and Administration
Southern Illinois University
Carbondale, Illinois 62901-4625

I. **To the Applicant:** Please complete section I of the form and have an individual who can evaluate your academic capabilities complete the remainder of the form.

Term for which you are applying to SIUC: Spring, _____ Summer, _____ Fall, _____
(year) (year) (year)

Applicant: _____
Last Name First Name Middle Name

Address: _____
Street and Number City State Zip

Social Security Number:

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(optional) I waive my right to inspect this recommendation: _____
Applicant's Signature

II. **To the Recommender:** The person named above is applying for admission to graduate study in the College of Business and Administration at Southern Illinois University at Carbondale. The information contained in this form will be used to assess the applicant's qualifications. Your frank answers to the following questions will be greatly appreciated. If the applicant has waived the right of inspection, this recommendation will not be available to the applicant.

Please complete both sides.

1. In what capacity and how long have you known or did you know the applicant? _____

2. Please rate the applicant's ability to do graduate work.

	Unable to Judge	Below Average	Average	Above Average	Superior
Skill in written communication					
Skill in oral communication					
Mathematical aptitude					
Intellectual ability					
Maturity					
Motivation					

3. What do you consider to be the applicant's principal strengths?

4. What are the applicant's weaknesses or liabilities?

5. Overall recommendation for admission:

- Do not recommend
- Recommend with reservations
- Recommend
- Strongly Recommend

Additional comments that will help us evaluate this student's abilities and potential for high quality graduate study may be attached to this form.

6. Would you recommend this person for an assistantship? Yes No

If "Yes," what relevant skills and attributes would the applicant bring to an assistantship? Please include an evaluation of his/her skills (e.g., library research skills, computer software abilities, word processing skills, touch typing skills . . .), if you can comment on these. _____

Other comments: _____

Signature: _____ Date: _____

Please type or print your responses below.

Name: _____ College/Organization: _____

Position/Title: _____

Address: _____

Telephone: _____

After completing this form, please place it in the envelope provided and sign across the flap. Return the sealed envelope to the applicant, who will send it unopened with his/her admission packet.