

Bemidji State University

Recommendation Form

School of Graduate Studies

The person whose name appears below is applying to the School of Graduate Studies at Bemidji State University.

Instructions to the Applicant

- You must provide the information requested in the top boxed section. Print your name and BSU ID# (if available) **as they appear on your application** to insure that this recommendation will be matched to your application file.
- Provide your recommender with a recommendation form and a stamped envelope addressed to BSU. The person completing your recommendation form is to **directly mail or fax** the recommendation form to the School of Graduate Studies at BSU.
- Under the Family Educational Rights and Privacy Act of 1974, students if admitted and enrolled at BSU have access to their educational records, including letters of recommendation on file unless he/she has waived such access. Such materials upon admission and enrollment are available for review only by the applicant. Third parties may not view the material. The student will not be provided a copy of the recommendation, and its only intent is for the admission decision process.

I hereby waive my right of access to the information recorded below.

OR

I **do not** waive my right of access to the information recorded below.

Signature of Applicant Applicant	BSU ID# (if available)	Date
Last Name (please print)	First Name	MI
		Previous Name
Proposed Graduate Program		Proposed Term and Year of Admission

Instructions to the Recommender

- Under the Family Educational Rights and Privacy Act of 1974, the applicant if admitted and enrolled will have access to the information provided unless he/she has waived such access. Please see above.
- Return the recommendation form **directly** to the School of Graduate Studies **by mail or by fax**.
- The School of Graduate Studies and departmental admission committees carefully considers the statements made by recommenders who can evaluate the applicant's performance and personal qualities through direct experience. Please answer the following questions in as specific and candid a manner as possible, particularly noting maturity, goals, direction, and initiative. We gratefully acknowledge your help.
- A recommendation letter addressing the following issues and attached to this document is also acceptable.

Recommender

Name (please print)	Position/Title	Organization
Street Address	City	State/Province
		Country
		Zip/Postal Code
Daytime Telephone		Daytime E-mail Address
How long have you known the applicant?		
_____	Years	_____
Months		
Under what circumstances have you known the applicant?		

Continues on next page

Please compare the applicant with others you have known during your professional career.

Please identify the group to which you are comparing the applicant:

_____ (e.g. other students, employees, colleagues)

	Truly Exceptional	Excellent	Above Average	Average	Below Average	Inadequate opportunity to observe
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge in the chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent does the applicant demonstrate creativity and independence in thinking? Describe a situation that has demonstrated this. If you have not had an opportunity to observe this, please indicate so.

The admission committee would appreciate any statement you wish to make concerning the applicant's capacity or weakness for graduate work and potential in the profession.

Please indicate the strength of your overall endorsement by placing an "X" along the scale:

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Recommend enthusiastically Recommend with confidence Recommend Recommend with reservation Not recommend

Recommender's Name (please print)

Date

Recommender's Signature

Recommendations may be mailed to:

School of Graduate Studies
Bemidji State University
1500 Birchmont Drive NE #27
Bemidji, MN 56601

Or

Fax Recommendations to:

218.755.2258

Thank you for providing this information.

Bemidji State University is an Equal Opportunity Educator and Employer.

9/28/2007