

AUGUSTANA GRADUATE PROGRAM RECOMMENDATION FORM

 Last (family) Name First Name Middle Maiden Name (Optional)

is applying for admission to the Graduate Program at Augustana College, Sioux Falls, South Dakota, and has listed you as a reference on his or her application for graduate work in the following degree:

MA Nursing CNL

TO THE APPLICANT: Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and matriculate into a program are given the right to inspect their records, including their letters of recommendation, unless they have waived their right to review. Please check one of the options and sign your preference.

- I waive my rights to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.
- I do not waive my rights to access this letter under the Family Educational Rights and Privacy Act of 1974.

TO THE RECOMMENDER: Before you agree to submit a recommendation, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the Applicant."

A. On the back of this form, or on your own stationery, please summarize your candid evaluation of (a) the quality of the applicant's academic or creative achievements, including material not apparent on the official transcripts; (b) the applicant's scholarly or creative potential and promise for advanced and original work; (c) those aspects of the applicant's personality and character significant to graduate study; and (d) the applicant's special skills and experience where demonstrated in an art, vocation and profession. Please include a description of the extent of your contact with the applicant.

B. Rate the applicant on each of the following items, using a five point scale: (1- truly outstanding [top 10%]; 2-superior; 3-above average; 4-average; 5-below average; x-inadequate knowledge to rate).

Intellectual capacity-scholarly achievement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Ability to succeed in graduate study	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Motivation and drive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Responsiveness to constructive criticism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Ability in written expression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Ability in oral expression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Skill in interpersonal interactions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Organizational skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Emotional maturity and stability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x
Dependability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> x

C. Indicate the potential for this person to complete a graduate program:

above average average below average

Recommender's Signature: _____ Date: _____

Name Printed or Typed: _____ Title: _____

Address: _____ Phone: _____

Please return this form to: Director of Graduate Education
 Augustana College
 29th & Summit
 Sioux Falls, South Dakota 57197