AUGUSTANA COLLEGE 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.

Indicate Program of Study:  □ MA in Education  □ MA in Sports Administration and Leadership (SAL)

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.

Signature of Applicant: _________________________________________________ Date: __________________

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. Please include a written 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 □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Ability to succeed in graduate study □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Motivation and drive □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Responsiveness to constructive criticism □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Ability in written expression □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Ability in oral expression □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Skill in interpersonal interactions □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Organizational skills □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Emotional maturity and stability □ 1 □ 2 □ 3 □ 4 □ 5 □ x
   Dependability □ 1 □ 2 □ 3 □ 4 □ 5 □ 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
2001 S Summit Avenue
Sioux Falls, South Dakota 57197

Revised: 4/11