



South Dakota School of Mines and Technology
Graduate Education Office
501 East St. Joseph Street
Rapid City SD 57701

(605) 394-2493

To the applicant:

Complete this section of the form and give it to a person who is in a position to **evaluate your potential for success** in a graduate program.

Name: _____
Social Security #: _____ - _____ - _____ Degree level sought: _____
Department of interest: _____ Area of specialization: _____

Name of person who will be completing form: _____
Your relationship/contact with that person during past five years: (instructor, supervisor, co-worker, etc.)

The Family Educational Rights and Privacy Act of 1974, as amended, allows a candidate for admission to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission and if the candidate, upon request, is notified of the names of all persons making such recommendations in his or her behalf. The University does not require that you make such a waiver as a condition for admission. However, under the legislation, you have the option of signing such a waiver as follows:

I hereby voluntarily waive ___ do not waive ___ my right to examine this confidential evaluation.

Student signature: _____ Date: _____

To the person making the recommendation:

Thank you for your willingness to help us evaluate this candidate for our graduate program. We wish to determine both the applicant's aptitude for graduate study and probability of success in the chosen career field. Your comments will be carefully considered as one part of the admission evaluation process. If you wish to address additional points not covered herein, please express those thoughts in the form of an attached letter.

How long have you known the applicant?

Please rate the following categories:

	Exceptional	Superior	Average	Below Average	Not Observed
Initiative					
Ability to communicate-verbal					
Ability to communicate-written					
Self-motivation, self-discipline					
Teaming skills					
Academic record					
Interest in proposed field					
Technical knowledge in proposed field					
Research ability or potential					
Estimate of success probability					

My recommendation for this applicant is (please circle only one):

Very Strong Strong Average Below Average With Reservation Cannot Recommend

Would you accept this applicant for a position under your direct supervision? Yes No

Additional comments regarding applicant's strengths and/or weaknesses: _____

Signature: _____ Date: _____
 Name (printed or typed): _____
 Title/Institution: _____
 Address: _____ City: _____ State _____ Zip Code _____ Country _____
 Daytime phone number: (____) _____ Cell phone number: (____) _____
 Email address _____

After completion please return this form, along with any additional comments, directly to:

**Graduate Education Office
 SDSM&T
 501 East St. Joseph Street (MI 235)
 Rapid City SD 57701**