UNIVERSITY OF NORTH TEXAS
Department of Information Science

RECOMMENDATION FOR ADMISSION

To the Applicant:

Enter your name, the program for which you are applying, and the name and address of the recommender, on the appropriate lines below. Send this form to the recommender, and request that the completed form be sent to the address at the bottom of the last page of this form.

I understand that under the provisions of the Family Educational Rights and Privacy Act of 1974, that I have the right to access the information provided in this recommendation unless I waive such right as evidenced by my signature below.

_____   _____
Signature of Applicant   Date

_____   _____   _____
Applicant Last Name   First Name   Middle Name/Initial

Program applying for:

___ Master of Science (MS) degree program   ___ Academic Certificate in Youth Services

___ School Library Certification Program   ___ Non-degree student status

___ MS and School Library Certification   ___ Certificate of Advanced Studies Program

Recommender Information:

_____
Name

_____
Title

_____
Institution/Organization

_____   _____   _____
City   State   Zip Code

To the Recommender:

Under the provisions of the Family Educational Rights and Privacy Act o f1974, this applicant (if admitted and enrolled) will have access to the information provided unless he/she has waived such access as evidenced by the signature above.

The person whose name appears above has applied for admission to graduate study in the Department of Library and Information Sciences, College of Information at the University of North Texas. The Department would appreciate your forthright evaluation of the applicant.

1. How well and in what capacity do you know the applicant?

2. **How long has it been since your last direct contact with the applicant?** _____

3. **Please comment on the applicant's strengths and limitations for graduate study in this field and the applicant's potential for success as an information professional. Specific comments on the applicant's oral and written communication skills, analytical ability, and interpersonal skills would be particularly helpful.**

4. **Please rate the applicant in comparison with others you have known in the information profession.**

Abilities and Characteristics	Exceptional Upper 5%	Outstanding Next 15%	Very Good Next 15%	Good Next 15%	Next 50%	No Basis for Judgment
Leadership qualities						
Motivation toward career in the field						
Ability to work with people						
Judgment						
Flexibility						
Creativity						
Adaptability						
Independence						
Open-mindedness						
Tolerance for ambiguity						
Emotional maturity						
Intellectual curiosity						
Stability						
Intellectual ability						
Initiative						
Problem-solving ability						

5. **Recommendation** (*check one*)**:**

   _ I recommend the applicant without reservation.

   _ I recommend the applicant with reservation. (Please explain in item # 6.)

   _ I do not recommend the applicant.

6. If you recommend the applicant but with reservation, please indicate the areas of your concern. We will appreciate your candid response.

X _____ _____
  Signature   Date

Please complete if information on the reverse is incorrect or incomplete.

_____

Name

_____

Title

_____

Institution/Organization

_____

City   State   Zip Code

Save or Print as a PDF and Send to:

  Attn: Admissions and Advising
  University of North Texas
  College of Information
  Department of Information Science
  3940 N. Elm St., C 232
  Denton, TX 76203

Or E-mail to: ci-admissions@unt.edu / fax to: 940-565-3101.