LETTER OF RECOMMENDATION

DOCTOR OF PHILOSOPHY IN REHABILITATION PROGRAM
Southern Illinois University Carbondale

APPLICANT INFORMATION (please print or type)

First Name *Middle* *Last Name*

Street Address *City* *State* *Zip Code*

Name of person requested to provide recommendation_____

AUTHORIZATION FOR WAIVER. To be read and signed by applicant. This waiver is not required as a condition for admission to the Rehabilitation Institute.

I understand my right under the U.S. Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file on or after January 1, 1976, that are submitted with reference to admission to a graduate or other school.

I ( ) DO ( ) DO NOT waive my right to review this reference report

Date *Applicant Signature*

The applicant whose name appears above has applied for admission to the Doctor of Philosophy in Rehabilitation Program at Southern Illinois University Carbondale and has given your name as a reference.

Your recommendation will further assist the Admissions Committee to make the most appropriate decision for those candidates who seem likely to profit most from this program.

The following points are suggestive of the kind of evaluation that will be most useful to us. We shall appreciate whatever opinions you are able to offer on the basis of your contact with this individual.

a. How long and in what capacity have you known this applicant?
b. How do you perceive the applicant's academic ability and potential?
c. What practical related experience has this applicant had with which you are familiar?
d. What are the writing skills of the applicant?
e. What are the research skills of the applicant?
f. What are the training/teaching skills of the applicant?
g. What are the political/social skills of the applicant?
h. How would you feel about working with this applicant over a long period of time?
i. Would you hire this applicant?
j. Would you admit this person into a doctoral program?

Print Name *Signature*

Position *Date*

Street Address *City* *State* *Zip Code* *Telephone*

Please return this Form **and** your Letter of Recommendation to: Doctor of Philosophy (Ph.D.) in Rehabilitation Admissions, Rehabilitation Institute, Rehn Hall, Mail Code 4609, Southern Illinois University, 1025 Lincoln Drive, Carbondale, IL 62901.