

School of Information Studies

University of Wisconsin-Milwaukee, P.O. Box 413, Milwaukee, WI 53201
Phone: 414.229.4707 • Fax: 414.229.6699 • Website: <http://www.uwm.edu/Dept/SOIS> • info@sois.uwm.edu

Doctoral Studies Program Recommendation Form

TO THE APPLICANT:

For the convenience of the person completing this form, you should include a stamped envelope addressed to:

Doctoral Admissions Coordinator
University of Wisconsin-Milwaukee
School of Information Studies
P.O. Box 413
Milwaukee, WI 53201

Date: _____

I waive my rights to examine the following
letter of recommendation.

I do not waive my right to examine the
following letter of recommendation.

Applicant's Name - Printed or typed

Applicant's signature

Address:

City

State

Zip

Email: _____

Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, a student or his/her parents has access to all files pertaining to the student with the exception of those documents to which he/she has waived the right of access.

TO THE PERSON WRITING A REFERENCE LETTER:

Your statement is an important part of the process for the applicant's admission to the doctoral program. State the basis of your acquaintance with the applicant. Include no reference to the applicant's race, creed or national origin. Please be candid in your comments about the applicant's ability, motivation, and potential for success in the information studies field.

Please include with this form a separate letter of recommendation in which you elaborate on the applicant's preparation for doctoral study.

(over)

Please rate the applicant in all categories of the following checklist. (Check one for each category)

	Top 10%	Above Average	Average	Below Average	No Information
Aptitude for doctoral study					
Ability to work independently					
Intellectual curiosity					
Ability to work under pressure					
Ability to communicate orally					
Ability to express oneself in writing					
Potential to contribute to knowledge base of the field					
Interpersonal skills					
Collegiality and Integrity					

Recommender's Signature: _____

Recommender's Name: _____

Position or Title: _____

Institution Name: _____

Institution Address: _____

City State Zip

Phone Number: () _____

Email Address: _____

I strongly recommend

I recommend

I recommend, with some reservation

I do not recommend