

RECOMMENDATION FORM FOR DOCTORAL ADMISSION

To the Applicant:

Note: Letters of recommendation may be substituted for this form.

Enter your name below and sign the statement if you wish to make this a confidential recommendation by waiving your right to access as described in the note to the recommender.

Applicant's full name _____

Degree program applying to _____

(Optional) I waive my right to access any information provided by the recommender.

Signature _____ Date _____

To the Recommender:

The person named above is applying for admission to a doctoral program and has requested that your evaluation be included as part of the information on which Lawrence Tech's Graduate Admissions Committee will base its decision. Under provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless the right to such access has been waived by the statement above. Your assistance to the Graduate Admissions Committee by providing responses to the following questions is greatly appreciated.

1. How long and in what capacity (professional, personal, etc.) have you known the applicant?

2. Many qualities, including reasoning, communication, and interpersonal and leadership skills, contribute to an individual's effectiveness.

A. What are the applicant's strengths in these areas?

B. What qualities does the applicant still need to develop for an effective career?

3. What special personal qualities does the applicant possess?

4. Are there any barriers (professional or personal) that could jeopardize the applicant's success in completing a doctoral degree?

5. How does the applicant rate on the following criteria?

	Exceptional	Excellent	Very Good	Good	Average	Below Average	Unable to Judge
Analytical Ability							
Quantitative Ability							
Writing Ability							
Oral Ability							
Integrity							
Goal Directedness							
Leadership Potential							

I enthusiastically recommend recommend recommend with some reservations do not recommend the applicant for admission to a Lawrence Technological University doctoral program.

I understand that the applicant may have access to this information unless the waiver statement on the front of this form has been signed.

Signature of Recommender _____ Date _____

Name of Recommender _____

Title and Organization _____

Email _____

Street Address _____

City, State, Zip Code, Country _____

Please return this recommendation in a sealed envelope to the applicant or by mail to:

Lawrence Technological University
 Office of Admissions
 21000 West Ten Mile Road
 Southfield, MI 48075-1058
 UNITED STATES

Thank you for your assistance.