

RECOMMENDATION FORM [GAC-2]

**MASTER'S DEGREE PROGRAM
ENGLISH DEPARTMENT
COLLEGE OF LIBERAL ARTS AND SCIENCES
UNIVERSITY OF ILLINOIS at SPRINGFIELD**

Name of Applicant _____
Last First Middle (Maiden)

A NOTE TO THE APPLICANT: The Family Educational Rights and Privacy Act of 1974 grants you the right to read this recommendation. You may also wish to waive this right. Please check the appropriate box.

I choose to waive not to waive the right to read this recommendation.

Applicant's Signature _____

To the recommender:

We appreciate your taking the time to complete this form and encourage you to add additional comments where space is provided or to attach an accompanying letter if you wish. Thank you for your cooperation and for your honest appraisal of this applicant.

1. How long and in what capacity did you know this applicant?

2. How would you rate the applicant's overall academic ability?

3. How would you rate the applicant's reading, writing and speaking skills?

4. Do you believe that the applicant will complete an M.A. degree program if accepted? What difficulties would you anticipate?

5. How would you rate the applicant's ability to carry out independent readings or projects without close supervision? Please give this aspect of your recommendation special consideration. Any specific evidence you can provide

which demonstrates the applicant's capacity to work independently with a commitment to learning and the production of high quality work will be especially useful.

6. Please rate the candidate with respect to each of the characteristics noted below, indicating his or her relative standing among peers (check appropriate box):

	Outstanding	Good	Average	Below Average	No Basis For Judgment
Oral Communications					
Energy					
Judgment					
Imagination					
Diligence					
Intelligence					
Ability to Work in Groups					
Sense of Humor					
Candor					
Respect for Others					
Initiative					
Maturity					
Other					
Overall Standing					

Additional Comments:

Name (please print) _____

Title _____

Signature _____

Date _____

Please return this form to:

**English Department
 Graduate Admissions Committee
 Brookens 482
 University of Illinois at Springfield
 One University Plaza
 Springfield, IL 62703-5407**