

# Department of Communication Studies Graduate program Recommendation Form

To be completed by the applicant	
Name	Social Security Number
I waive my right to see the recommendation submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date

To be completed by the evaluator:

How long have you know the applicant? \_\_\_\_\_

In what context do you know the applicant? \_\_\_\_\_

Please evaluate the applicant on the following criteria. Use the back of the page to provide comments related to the criteria below as well as any other comments that would help the selection committee.

	Excellent	Very Good	Good	Fair	Poor
Ability to succeed in graduate course work	_____	_____	_____	_____	_____
Commitment to the discipline	_____	_____	_____	_____	_____
Ability to teach the basic course	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____
Overall Assessment	_____	_____	_____	_____	_____

Evaluator's name (typed or printed)	Position
Address	Signature

Return to: Graduate Coordinator, Department of Communication Studies, Eastern Illinois University, Charleston, IL, 61920