

**Political Science Graduate Program Recommendation Form
Eastern Illinois University
Department of Political Science**

SECTION A: To be completed by the Applicant

Name of Applicant (printed) _____

Telephone: _____

E-mail: _____

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby **waive** my right of access to the information recorded below.

Signature of applicant: _____ Date: _____

Or

I **do not waive** my right of access to the information recorded below:

Signature of applicant: _____ Date: _____

SECTION B: To be completed by the Recommender

Name of Recommender (printed): _____

Signature: _____

Telephone: _____

E-mail: _____

Date: _____

Trait	Excellent	Above Average	Average	Below Average	Inadequate	No Basis to Judge
Intelligence						
Writing Skills						
Methods Skills						
Communication Skills						
Political Science Training						
Responsibility						
Maturity						

Please return this form and an attached letter of recommendation to:

Coordinator of Graduate Studies
Department of Political Science
Eastern Illinois University
600 Lincoln Avenue
Charleston, Illinois 61920-3099

Phone: 217-581-2523

Fax: 217-581-2926