

**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: \_\_\_\_\_

<b>Trait</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Inadequate</b>	<b>No Basis to Judge</b>
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