

Recommendation Form Master of Science in Sustainable Energy

TO THE APPLICANT: This form is to be given to professors or professionals who are able to comment on your qualifications for graduate study at Eastern Illinois University.

Under the Family Educational Rights and Privacy Act, university students have the right to inspect their files upon request. It is your option to waive your right to review this recommendation. If you waive your right to review your recommendation form, this evaluation will be considered confidential and will not be available for your inspection. Please mark the appropriate statement below, indicating your choice of option, and sign your name.

I **waive** ____ **do not waive** _____ my right to review this recommendation.

Applicant's Signature _____ Date _____

Applicant's Name (PRINT) _____

Address _____

TO THE EVALUATOR: The above named individual is applying for admission to the Master of Science in Sustainable Energy program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived rights of review.

The Master of Science in Sustainable Energy graduate degree program focuses on preparing leaders for the entire energy industry. The degree is science based and technology management focused. The purpose of the Master of Science in Sustainable Energy degree program is to empower and enable students to develop advanced knowledge and skills in order to become leaders and managers in the energy industry. Specifically,

- Students will have a solid understanding of the sciences and technology related to energy production, conversion, utilization and conservation.
- Students will understand the economic, environmental and policy impact of a sustainable energy practice for a sustainable society.
- Students will develop the research and communication abilities to be effective leaders in the energy industry.

To help the graduate admissions committee make an informed decision on the applicant's readiness for professional education in the field indicated, please answer the following questions:

1. How long and in what capacity have you known the applicant? _____

2. Please describe what you consider to be the applicant's general strengths.

3. Please evaluate the applicant in each of the following areas:

	Poor	Below Average	Average	Above Average	Excellent	Unable to Evaluate
Capacity to complete the selected program	_____	_____	_____	_____	_____	_____
Knowledge of field	_____	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____	_____
Emotional maturity/stability	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Math skills	_____	_____	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____	_____	_____
Research experience/potential	_____	_____	_____	_____	_____	_____
Problem analysis ability	_____	_____	_____	_____	_____	_____
Interpersonal skills	_____	_____	_____	_____	_____	_____
Ability to accept constructive feedback	_____	_____	_____	_____	_____	_____
Openness to learning with capacity to change	_____	_____	_____	_____	_____	_____
Capacity for handling large work load	_____	_____	_____	_____	_____	_____
Promptness of work	_____	_____	_____	_____	_____	_____
Dependability and responsibility	_____	_____	_____	_____	_____	_____
Ability to work on a team	_____	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____	_____
Leadership potential	_____	_____	_____	_____	_____	_____

We are also interested in your comments regarding this applicant's aptitude for graduate study and a career in the field indicated. Feel free to use this form or provide the information on a separate sheet of paper.

4. Please describe areas in which the candidate would benefit from improvement.

Please indicate your overall recommendation for this applicant's admission by placing an "X" along the scale:

Not Recommended	Recommended with Reservations	Recommended	Recommended Highly

Please return the form with your signature across the sealed flap of your envelope.

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 Charleston, IL 61920

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Name of Evaluator _____ Position/Title _____

Signature of Evaluator _____ Date _____

Agency _____ Phone _____

Address _____ City _____ State _____ ZIP _____