



DOMINICAN UNIVERSITY

School of Information Studies

Recommendation

For the Applicant

Please complete the top portion of this form before giving it to a recommender.

Applicant's Name _____

Applicant's Address _____

Waiver

I authorize _____ to complete this recommendation form and understand that this information will be kept confidential.

I understand that under Dominican University's policy on confidentiality I have the right to examine this recommendation following my matriculation at the university unless such right is waived. I understand that this recommendation will be used only in connection with my application for admission to the School of Information Studies. I understand that signing the waiver is not a condition of admission. I hereby expressly waive my right to examine or have access to this recommendation form and letter.

Applicant's Signature _____ Date _____

For the Recommender

The person named above has requested admission to the School of Information Studies at Dominican University and has named you as a reference. Please provide your assessment of the candidate's professional and academic suitability for a career in the library and information science profession by attaching a letter of recommendation to this form.

In your letter, please address these qualities to the best of your ability:

- Scholastic Ability
- Writing Ability
- Presentation Skills
- Motivation
- Interpersonal Skills
- Organizational Ability

In what capacity have you known the applicant?

- Current or former professor/instructor Current or former employer

How long have you known the applicant? _____

Name of Recommender _____ Title _____

Name of Organization _____

Phone _____ Email _____

Address _____

Recommender's Signature _____ Date _____

Attach your letter to this form and return it to the applicant in an envelope, signed across the seal.