Department of Journalism
Graduate Programs

BALL STATE UNIVERSITY

Please type or print legibly. All Recommendation for Admission forms should be completed by professional and/or educational evaluator. Completed forms should be returned to the Graduate Adviser, Department of Journalism, Ball State University, Muncie, Indiana 47306-0485.

A. **APPLICANT:** Complete this section. You must sign the appropriate section below waiving or retaining your right to review the completed recommendation form.

APPLICANT:

Name: _____

Program: ___ Journalism ___ Public Relations

___ Journalism (Business journalism emphasis)

___ Journalism (Literary journalism emphasis)

___ Public Relations (Business emphasis)

___ Public Relations (Communication emphasis)

___ Public Relations (Public Affairs emphasis)

___ Public Relations (Sport Communication emphasis)

___ Joint Degree (Journ/PR & CICS)

EVALUATOR:

Name: _____

Title: _____

Department: _____

Institution: _____

City, State, ZIP: _____

The family Education and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect letters of recommendation. The student's signature below indicates the choice.

I hereby waive my rights of access to the information recorded below **or** *I do NOT waive my right of access to the information recorded below.*

_____ _____

Signature of applicant Date Signature of applicant Date

B. **EVALUATOR:** Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he or she has waived such access.

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

_____

2. Rate the applicant in comparison with the approximately ____ students you have known at this level (e.g., graduating seniors, M.A. students, employees) in the applicant's discipline. These ratings should complement but not replace your comments below.

	Truely Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Lower 50%)	Unable to Comment
Intellectual potential							
Ability to plan and conduct research							
Creativity and originality							
Knowledge in chosen field							
Ability to work independently							
Teaching potential							
Motivation for graduate study							
Overall potential for graduate study							

C. **EVALUATOR:** Indicate the strength of your overall rating by placing an "X" along the following scale:

Highly recommended	Recommended	Recommended with some reservations	Not recommended

D. **EVALUATOR:** Please comment specifically on the applicant's strengths and limitations for graduate study. *Attach an additional sheet.*

Signature _____ Date _____