SCHOOL OF INFORMATION SCIENCE & LEARNING TECHNOLOGIES
University of Missouri-Columbia

Name of Applicant (please print)___________________________________________________________

TO THE APPLICANT:

Please supply this form to someone who can speak authoritatively of your academic ability and/or professional promise. If you are willing for the response to be considered confidential, please sign the statement below.

The School of Information Science & Learning Technologies of the University of Missouri-Columbia has my permission to treat this reference as confidential.

(Signed)_____________________________________

TO THE RESPONDENT:

If the statement above is signed, the information given in this letter will be considered confidential. We are particularly interested in the applicant’s qualifications for graduate study, including academic aptitude, potential experience, and potential ability to communicate orally and in writing, motivation, and reliability. Will you write below, and on the reverse side if necessary, your opinion of this applicant’s ability and promise.

Among approximately ______ persons I have worked with in recent years who have had about the same amount of experience and training, I would rank this applicant in (check one) ___ the upper 10%; ___ the upper 25%; ___ the upper 50%; ___ the lower 50%.

Date: _______________ Signature: _______________________________ Position: __________________

Print Name:____________________________________________________________________________

Institution: _____________________________________ Address: ________________________________

Please return this form to: Student Coordinator
School of Information Science & Learning Technologies
University of Missouri-Columbia
303 Townsend Hall
Columbia, MO  65211