

RECOMMENDATION FORM (applies to Doctoral Studies applicants only)

GRADUATE SCHOOL OF LIBRARY AND INFORMATION SCIENCE

SUBMIT TO: Please return this form with your statement to the applicant in a sealed envelope with your signature over the flap.

TO BE COMPLETED BY THE APPLICANT

Please provide the following information before giving this form to the recommender.

applicant's name

date

program applying to

By signing, I understand that the officials of the Graduate School of Library and Information Science will hold in confidence the information contained in this recommendation, and I hereby waive any rights to examine it.

applicant's signature

date

TO BE COMPLETED BY THE RECOMMENDER

The person whose name appears above is applying to the Simmons College Graduate School of Library and Information Science Ph.D. Program and has given your name as a recommender. We would appreciate your giving us information about the candidate's ability to work independently and under pressure, ability for self-expression in written and oral form, sense of responsibility, and relationships with supervisors, co-workers, and others.

Please print

Name

Title

Institution

Address

street

city

state

zip

E-mail address

Telephone

How long have you known the candidate and in what capacity?

Please review the information about the doctoral program here: <http://www.simmons.edu/gslis/doctoral>

Would you recommend the candidate for doctoral study in library and information science at Simmons College?

Yes, without reservation

Yes, with some reservation

Not at this time

If you checked "with some reservation" or "not at this time" please address this in your statement.

In a brief statement, please describe the major strengths and weaknesses of the applicant as a potential doctoral student and future scholar and attach it to this form. If the applicant is applying to the Ph.D. focused on managerial leadership in the information professions (MLIP) please speak to their leadership abilities. If you are the current supervisor of an MLIP applicant, please indicate the specific ways in which you and your organization would support the applicant in this rigorous program.

May we contact you for further information?

Yes

No

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