SOUTH DAKOTA
SCHOOL OF MINES
& TECHNOLOGY

**South Dakota School of Mines and Technology**
**Ivanhoe International Center**
**501 East St. Joseph Street**
**Rapid City SD 57701**
**(605) 394-6884**

## To the applicant:

Complete this section of the form and give it to a person who is in a position to **evaluate your potential for success** at the South Dakota School of Mines & Technology.

Name:_____

Social Security #:_____ – _____ – _____ Degree sought: _____

Intended academic area of study _____

Name of person who will be completing form:_____

Your relationship/contact with that person during past three years: (instructor, supervisor, co-worker, etc.)

_____

*The Family Educational Rights and Privacy Act of 1974, as amended, allows a candidate for admission to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission and if the candidate, upon request, is notified of the names of all persons making such recommendations in his or her behalf. The University does not require that you make such a waiver as a condition for admission. However, under the legislation, you have the option of signing such a waiver as follows:*
*I hereby voluntarily* ☐ *waive* ☐ *do not waive my right to examine this confidential evaluation.*
Student signature:

_____Date:_____

## To the person making the recommendation:

Thank you for your willingness to help us evaluate this candidate for our university. We wish to determine the applicant's probability of success in the chosen academic field. Your comments will be carefully considered as one part of the admission evaluation process. If you wish to address additional points not covered here, please express those thoughts in the form of an attached letter.
How long have you known the applicant?

_____

My recommendation for this applicant is (please check only one):

☐ Very Strong ☐ Strong ☐ Average

☐ Below Average ☐ With Reservation ☐ Cannot Recommend

Would you accept this applicant for a position under your direct supervision? ☐ Yes ☐ No

| **Please rate the following categories:** | Exceptional | Superior | Average | Below Average | Not Observed |
|---|---|---|---|---|---|
| Initiative | | | | | |
| Ability to communicate in English-verbal | | | | | |
| Ability to communicate in English-written | | | | | |
| Self-motivation, self-discipline | | | | | |
| Teaming skills | | | | | |
| Academic record | | | | | |
| Interest in proposed field | | | | | |
| Estimate of probability of success | | | | | |

Additional comments regarding applicant's strengths and/or weaknesses:

_____

_____

_____

Signature:_____Date: _____

Name (printed or typed): _____

Title/Institution: _____

Address:_____ City:_____

State:_____ Postal Code:_____ Country: _____

Primary phone number: _____ Secondary phone number: _____

Email address: _____

**After completion please return this form, along with any additional comments, directly to:**

**Ivanhoe International Center**
**South Dakota School of Mines & Technology**
**501 East Saint Joseph Street**
**Rapid City, SD 57701-3995**
**605-394-6884 (phone)**
**605-394-6883 (fax)**
**Ivanhoe@sdsmt.edu**