

# Recommendation Form

## Graduate Division

### *Student Information (to be completed by the applicant)*

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Name: \_\_\_\_\_  
Last First Middle Maiden

I, the applicant named above, understand that this recommendation will become part of my admissions file with Indiana Tech. As part of the file, I have the right to review this recommendation at my request. (Please check one of the boxes and sign below.)

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

\_\_\_\_\_  
Applicant's signature Date

### *Recommendation (to be completed by the submitter)*

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The person whose name appears above has applied for admission to Indiana Tech's Graduate Division. The applicant has asked you to testify to his or her preparedness for graduate study. Please assist the admissions committee by completing the following form and responding openly and honestly to the requested information. Please be advised that the applicant does have legal access to this information, unless he or she has waived that right (see above).

How long have you known the applicant?

Please describe your relationship with the applicant.

Please assess the applicant's skill level in the following areas by marking the box that most closely approximates the competency of the applicant in comparison to the population.

	Top 5%	Top Quarter	2nd Quarter	Lower 50%
Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking responsibility for tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Written Recommendation**

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Admission to the Graduate Division requires a minimum of two years of professional work experience. The assumption of the university is that by working for a period of time prior to the pursuit of a graduate degree, the student has attained considerable knowledge, maturity, and discipline that is not common in younger students. These characteristics are deemed essential for successful completion of the degree program. Please provide a written narrative that demonstrates how the student has met this requirement. You may attach your comments on a separate sheet if you prefer.

**Verification**

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I do hereby certify that all the information listed on this recommendation is, to the best of my knowledge, accurate and truthful.

\_\_\_\_\_  
Signature of Submitter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Submitter (please print)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Title

Please return this form to the office nearest you. If you prefer, you can return this to the applicant in a sealed envelope, and he or she can include it with the admissions application. If you have questions, call us at (800) 288-1766 or visit our Web site at [www.IndianaTech.edu](http://www.IndianaTech.edu). Thank you for taking the time to provide the admissions committee with this information.

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College of Professional Studies  
1600 E. Washington Blvd.  
Fort Wayne, IN 46803  
(260) 422-TECH  
(260) 422-1518, fax

**Indianapolis Campus:**  
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3500 DePauw Blvd., Pyramid 3010  
Indianapolis, IN 46268  
(317) 466-2121  
(317) 466-2124, fax

**Elkhart/South Bend Campus:**  
College of Professional Studies  
3333 Middlebury St.  
Elkhart, IN 46516  
(574) 296-7075  
(574) 294-1334, fax