CAPITOL COLLEGE
1927

Letter of Recommendation for the Doctor of Science in Information Assurance

Name: _____
Last First Middle

Address: _____
Number and Street

_____
City State/Country Zip Code

Under the Family Education and Privacy Act of 1974, you will have access to this letter of recommendation, if admitted and enrolled, unless you have waived such access. Please check one of the following statements and sign below:

_____ I hereby waive my right of access to this letter of recommendation. _____ I do not waive my right of access to this letter of recommendation.

_____
Signature of Applicant Date

****

Recommender: The person named above is applying for admission to a graduate program at Capitol College. We would appreciate your candid evaluation of this applicant's potential to undertake and complete the proposed program. On the back of this page, or on an attached page, please describe specific characteristics, skills, or experiences of this applicant that should be considered in reviewing this application to graduate school.

Recommendations are to be mailed to the applicant in sealed envelope signed across the flap, with the applicant's name and Capitol College written thereon, for forwarding with the application and other supporting materials.

In what role has this applicant been associated with you? (Please check all that apply.)
_____ As an undergraduate student _____ As a graduate student _____ Other
_____ As an academic advisee _____ As an employee
How long have you known this applicant? _____

How would you rate this applicant's overall ability to successfully undertake the graduate program indicated above?

____ Exceptional ____ Very Good ____ Good ____ Average ____ Below Average

Please rate this applicant in the following areas relative to others you have been associated with in a similar role:

	Top 2%	Top 3-10%	Top 11-25%	Top 26-50%	Lower 50%	Unable to Judge
Ability in Oral Expression						
Ability in Written Expression						
Ability to Conduct Independent Research or Scholarship						
Intellectual Creativity						
Overall Academic Ability						
Academic Ability in Applicant's Major Field						

Additional Comments: Please print or type on a separate sheet.

Name of Recommender: _____ Signature: _____

Title: _____ Date: _____

Institution: _____

Address: _____
_____

Office of Graduate Admissions, 11301 Springfield Road, Laurel, MD 20708