UHM MLISc Applicant Recommendation Form

University of Hawai‘i at Manoa
Library and Information Science Program
Department of Information and Computer Sciences
2550 McCarthy Mall • Hamilton Library • Honolulu, Hawaii 96822

http://www.hawaii.edu/lis/

INSTRUCTIONS FOR THE APPLICANT:

For the convenience of the individual completing this form, applicants should provide a stamped envelope addressed to: LIS Admissions, Library & Information Science Program, 2550 McCarthy Mall • Honolulu, Hawaii 96822. Both of your references should seal their letters and mail them directly to the LIS Program.

Under provisions of the Family Educational Rights and Privacy Act of 1974 (P. L. 93-380), a student has access to all files pertaining to the student with the exception of those documents to which the right of access has been waived.

☐ I waive my right to examine the following letter of recommendation.
☐ I do not waive my right to examine the following letter of recommendation

Applicant’s Signature __________________________ Date __________________________

Applicant’s Name (print or type) ____________________________________________

Name of the Person Providing this Recommendation __________________________

INSTRUCTIONS FOR THE WRITERS OF LETTERS OF RECOMMENDATION:

Thank you very much for taking the time to honestly review a candidate for our Master of Library & Information Science Program.

The applicant named above has asked you to serve as a reference to the degree program indicated.

▪ The Admissions Committee is grateful for your considered opinion of the applicant as a graduate student in the Library & Information Science Program. The Admissions Committee is interested in the applicant’s academic performance and potential as an information professional. Students in the LIS Program prepare for careers in academic, public, special, and school libraries, information centers, and archives.

▪ Candor in your comments is essential for fairness to both parties.

▪ Do not make statements that would indicate the applicant’s race, creed, or national origin.

▪ The reverse side of this form is designed to provide a quick way for you to assess the applicant’s overall potential for study in the Library and Information Science field.

[Updated: 30 Aug. 2010]
**ASSESSMENT**

In comparison with other individuals at the same stage in their academic or professional career, please rate the applicant on the following characteristics:

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<tr>
<th>Characteristic</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Can’t Assess</th>
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<tbody>
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<td>Academic Preparation</td>
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<td>Writing Skills</td>
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<td>Oral Communication Skills</td>
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<td>Ability to Work with Others</td>
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<td>Ability to Work Independently</td>
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<td>Ability to Conduct Research</td>
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<td>Motivation</td>
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<td>Creativity</td>
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Would you want to hire or work with the candidate?  
- [ ] YES!  
- [ ] Likely  
- [ ] Unsure  
- [ ] Unlikely  
- [ ] NO!

Please comment on the above assessment of this candidate’s qualifications and potential for graduate study in the field of library and information science. You are welcome to provide a more detailed assessment on an additional page.

______________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________

How long have you known this applicant? ____________________________

In what capacity? ____________________________________________

Overall Assessment (Please check only one)

- [ ] This is a candidate of exceptional achievement and/or ability; I recommend without reservation.
- [ ] I recommend that the applicant be admitted to the Program.
- [ ] I recommend with some reservations that the applicant be admitted to the Program.
- [ ] I do not recommend that the applicant be admitted to the Program.

Signature: ____________________________ Date: ______________________

Name: ____________________________________________

Position/Title: ____________________________

Institution Address: ______________________________________________

Phone Number: (______)____________________ Email Address: ____________________________

Thank you very much for taking the time to provide this information.

Telephone: (808) 956-7321 • Facsimile (808) 956-5835