



Director of Graduate Legal Studies
School of Law
 Mail Code 6804
 Southern Illinois University Carbondale
 1150 Douglas Drive
 Carbondale, Illinois 62901
 (618) 453-8980 / (800) 739-9187 / mlsadmit@siu.edu

Letter of Recommendation for the M.L.S. Program

Part I: To Be Completed by the Applicant

Please complete Part I of this form and deliver it to the two individuals who will provide references.

A. Applicant's Name _____

B. Relate the capacity in which you know the person providing this reference. _____

Part II: To Be Completed by the Recommender

The person whose name appears above has applied for admission to the M.L.S. program at Southern Illinois University School of Law. The Admissions Committee will utilize your appraisal of the applicant's abilities to further evaluate the applicant for admission.

A. What is your impression of the applicant with regards to the following qualities?

	Exceptional	Good	Fair	Poor	Not Known
1. Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Analytical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professional Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Please provide any other information or evaluation of the applicant's abilities not provided above. Please attach a separate page if you wish to further recommend the acceptance of the applicant to the Southern Illinois University School of Law's M.L.S. program.

C. Are you aware of any reason the applicant should not be admitted to the Southern Illinois University School of Law M.L.S. program? If so please explain.

Signature: _____ Date: _____

Name (print or type): _____ Title: _____

Institution/Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____

Thank you for your time in providing this recommendation. Please mail this form and any attachments directly to:

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