PERSONAL REFERENCE

Applicant: Please complete this section before giving this form to an instructor or former professor acquainted with your educational and academic abilities.

- I waive my right to have access to this Personal Reference
- I do not waive my right to have access to this Personal Reference

Printed Name:_______________________________    Signature:_____________________________

ENDORSER: PLEASE ATTACH A LETTER EVALUATING THE SPECIAL STRENGTHS OR WEAKNESSES OF THIS STUDENT THAT WOULD AFFECT HIS/HER SUITABILITY AS A GRADUATE STUDENT: Please mail this form with your letter to the address above

We are particularly interested in the ability of the applicant to:
- Pursue graduate study
- Perform research
- Serve as a teaching assistant
- Serve in a professional capacity in the chosen field.

We are also interested in the general character of the applicant and special indications bearing on the applicant’s qualifications. For non-U.S. citizens: Please indicate degree of English proficiency for teaching duties.

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In comparison with other graduate students you have known rate items A through I by a numeric score of 1-5. Base your ratings on the level of accomplishments you have come to expect from the applicant pool.

(Ratings are: 1- Truly outstanding [top 10%]; 2- Superior; 3- Above average; 4- Average; 5- Below average; x- inadequate knowledge to rate)

( ) A. Intellectual ability     ( ) E. Ability in written expression
( ) B. Mastery of fundamental knowledge   ( ) F. Ability in oral expression
   in his/her general field     ( ) G. Adequacy of ability for research
( ) C. Motivation and drive     ( ) H. Emotional maturity and stability
( ) D. Scholarship      ( ) I. Self-reliance and independence

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How far do you think this applicant will progress? (Check one)
- Will probably complete a doctorate
- Will probably complete a master’s degree
- Is not likely to complete a graduate degree without excessive help
- Is not likely to complete any graduate degree

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I have been acquainted with the applicant during the period of:_________________________ to __________________________。

as:_____________________________________________________(teacher, advisor, supervisor, other)

NAME (print or type):__________________________________________  POSITION:_________________________

INSTITUTION:_____________________________________________  SIGNATURE:_________________________

DATE:________________________________  PHONE:______________________________________