

MSCJ Reference Form



To the Applicant: Complete items 1-4. Give a copy of this form to each person who is serving as a reference for you.

1. Your name _____
2. Name of your recommender _____
3. The Family Educational Rights and Privacy Act of 1974 provides the applicant the right of access to view the contents of this recommendation form and reference letter. Please check the appropriate box below regarding this right.

I hereby waive my right of access to view this recommendation form and letter in my file.

I do not waive my right of access to view this recommendation form and letter in my file.
4. Your signature _____ Date _____

To the person completing this form: Complete items below. Please include any additional comments elaborating on your experience with this applicant in a signed letter.

1. How long have you known and/or observed the applicant? _____
2. In what capacity have you known the applicant? _____
3. Please evaluate the applicant based on your observation and interaction with him or her. Place a check in the column that most nearly represents your opinion for each area of evaluation. Please check only **one** rating per area of evaluation. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe".

| Area of Evaluation | Superior | Very Good | Above Average | Average | Below Average | Inadequate Opportunity to Observe |
|--------------------------------|----------|-----------|---------------|---------|---------------|-----------------------------------|
| Intellectual ability | | | | | | |
| Writing ability | | | | | | |
| Problem-solving skills | | | | | | |
| Motivation | | | | | | |
| Ability to work independently | | | | | | |
| Ability to work with others | | | | | | |
| Oral Communication skills | | | | | | |
| Enthusiasm for new information | | | | | | |
| Technology skills | | | | | | |
| Persistence | | | | | | |

Recommendation based on applicant's ability to pursue graduate study (check one):

Strongly recommend Recommend Recommend with reservations Do not recommend

Signature: _____

Contact Info: _____

Note to recommender: If you do not wish for this applicant to view this form or if applicant has waived right to view form, you may send the completed form via email, Assistant Director of Graduate Studies - Lanzaf@UHD.EDU