

Reference Report on Applicant for Graduate Admissions

ALFRED UNIVERSITY

Graduate Admissions Office

One Saxon Drive

Alfred, NY 14802

Phone: 800.541.9229/607.871.2115

Fax: 607.8971.2198

gradinquiry@alfred.edu

To the Applicant:

After printing out this form and filling in your name, address and proposed graduate information, this form should be given to an individual under whom you have studied or worked, who is able to assess your qualifications for graduate study.

Applicant's Name _____
Last First Middle (complete)

Degree Sought _____

Proposed Graduate Program _____

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:

Applicant's Signature Date

To the Recommender:

How long have you known the applicant? _____

In what capacity? _____

Among the students at a similar level whom you have known in recent years, how would you rank this student?

No Basis		Below Average	Average	Good (Above Average)	Very Good (Well Above Average)	Excellent (Top 10%)
	Creative, original thought					
	Motivation					
	Independence, initiative					
	Intellectual ability					
	Academic achievement					
	Written expression of ideas					
	Effective class discussion					
	Disciplined work habits					
	Potential for growth					
	SUMMARY EVALUATION					

Using the back of this form, please comment on the applicant's aptitude for graduate study. The applicant's creative promise, leadership ability, maturity, intellectual capacity and character are some factors you may wish to include in your comments.

Name (please print) _____
First Last

Signature _____
Date

Position/Profession/Occupation _____

Professional Address _____
Street Address

City _____
State Zip

Phone _____