## **R**EFERENCE FORM

Note to the Respondent: Please fold and enclose this form in	a sealed envelope with your signature over the seal a	nd return it to the applicant.
<b>To Applicant:</b> Please fill in the following information whether you enrollment. Then sign the space provided and forward this form t	1 2	your review upon admission and
Applicant's Full Name	Applicant's Birthdate	
has given your name as a reference to support his/her application	for admission to the Graduate School of Appalachian	State University as a candidate
for the	degree with a major in	for the term
beginning	. This reference will be: $\Box$ Confidential	
	□ Open to my review u	pon admission and enrollment

Applicant's signature

To The Respondent: In making an admission decision the Graduate School is primarily interested in academic ability and likelihood of success in graduate study. Careful attention will be given to your appraisal of the applicant.

How well and in what relationship have you known the applicant?\_\_\_\_

The applicant's major strengths are\_\_\_\_\_

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In the rating scales below please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that most nearly represents your opinion. Compare the applicant, on each item, with a representative group of students qualified for graduate study whom you have known during your professional career who have had approximately the same amount of experience and training as the applicant. If you lack knowledge to make a definite rating, give your best estimate of his/her ability on that scale and also check the column "Inadequate Opportunity to Observe."

	Below Average	Average	Good	Superior (Top 10%)	Inadequate Opportunity To Observe
Knowledge in subject of proposed study					
Ability to learn					
Written expression					
Oral expression					
Motivation					
Emotional stability and maturity					
Self-reliance and independence					
Ability to work with others					
Teaching potential					

Recommend with enthusiasm	Signature:	
Recommend with confidence	Name:	
Recommend	Title and Dept.:	
Recommend with reservation	Institution:	
Do not recommend	City and State:	ZIP
	Date:	