\*REFERENCE FORM

**MANSFIELD UNIVERSITY**

**Office of Graduate Studies**

**G-22 South Hall \* Mansfield, PA 16933 570-662-4408Applicant** must complete and sign the following statement. The request is in compliance with the Family Education Right and Privacy Act of 1974. ( ) I waive my right to view this letter of recommendation in my file. ( ) I do not waive my right to view this letter of recommendation in my file. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NAME OF APPLICANT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How well do you know the applicant? ( ) Very Well ( ) Fairly Well ( ) Slightly

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity have you been associated with the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the applicant on each of the following characteristics. Indicate any additional comment which would be of assistance in evaluating the applicant’s potential.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCHOLASTIC ABILITY** | Excellent | Very Good | Good | Unsatisfactory | No chance to observe |
| Oral Expression |  |  |  |  |  |
| Written Expression |  |  |  |  |  |
| Intellectual Curiosity |  |  |  |  |  |
| Ability to Integrate Information |  |  |  |  |  |
| Ability to Work Independently |  |  |  |  |  |
| **PERSONAL CHARACTERISTICS** |  |  |  |  |  |
| Dependable |  |  |  |  |  |
| Responsible |  |  |  |  |  |
| Tolerant |  |  |  |  |  |
| Cooperative |  |  |  |  |  |

**My recommendation is:** ( ) Strong and without reservation ( ) With confidence ( ) With reservation ( ) I do not recommend

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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