

College of Arts and Sciences Graduate Programs
1400 East Hanna Avenue
Indianapolis, IN 46227

REFERENCE FORM

Name of Applicant _____ *Social Security Number* _____

Please answer the following questions and write a statement to assist us in judging this applicant as a student in the graduate program leading toward a master's degree. Especially helpful would be information concerning the applicant's academic capabilities based upon past performance, leadership qualities, and desire for professional growth and likeliness to complete the program.

1. Among the ___ students at this level in the applicant's discipline that you have known, this person would rank among (check one):

___ top 5% ___ top 10% ___ top 25% ___ top 50% ___ bottom 50%

2. Comments/recommendations (you may attach a separate sheet).

3. Based on this person's academic record and/or performance, I

___ highly recommend ___ recommend ___ do not recommend for graduate program.

Name (please print or type) _____

Position or Title _____

Address _____ City _____ State _____ Zip _____

Signature _____

The family Education and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read the reference.

Applicant's Signature _____ *Date* _____

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