

TO THE APPLICANT: Complete Section I below and forward this form to the individual who will provide a reference. Please advise the evaluator to send the completed report directly to the department to which you are applying. (If applying to Psychology, have the sealed reference returned to you for forwarding to the department.) Upon receipt, the reference becomes the property of Temple University and will not be returned. In addition, Temple University reserves the right to verify all reports with the evaluator.

TO THE EVALUATOR: Complete Section II. Return the report directly to Temple University at the address provided by the applicant in Section I. (If the applicant is applying to Psychology, return the reference in a sealed, signed envelope to the applicant.) If you need to use additional sheets of paper, please staple them to this form. Your candid completion of this form is greatly appreciated. You can be assured that this report is completely confidential and will not be shared with the applicant, provided s/he has waived her/his rights to review this report.

SECTION I (to be completed by applicant):

Name of Applicant _____ Social Security Number (last 4 digits ONLY) – _____

Current Address _____
NUMBER & STREET APT.

CITY STATE ZIP CODE COUNTRY

Applying for the _____ (degree) in the _____ department/program.

Address for Submission of this Completed Report _____
SCHOOL/COLLEGE/PROGRAM

BUILDING NUMBER & STREET CITY STATE ZIP CODE

ALL APPLICANTS MUST READ AND SIGN THIS AUTHORIZATION FOR WAIVER*:

I understand my right under the U.S. Family Educational Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to admission to a graduate or other school.

I do do not waive my right to review this reference report.

Applicant's Signature _____ Date _____

* Agreeing to waive your right to review this reference report is not required as a condition of admission to Temple University for graduate study.

SECTION II (to be completed by evaluator):

Name of Evaluator _____

How long have you known the applicant? _____ In what capacity? _____

With whom are you comparing this applicant for this evaluation?

Graduate students with comparable training/experience Colleagues in the workplace Other _____

Please evaluate the applicant, in comparison with the group identified above, as fairly as you can on each of the characteristics listed below:

Characteristic	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%	Unable to Judge
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to People and Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Constructive Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Potential for Graduate Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each Reference Report is two pages in length. Evaluators, please ensure that you have completed both pages of this form.

SECTION II (cont'd):

Please tailor your comments to the applicant's aptitude for graduate study.

What do you consider to be the applicant's major strengths?

In what area(s) does the applicant need further development?

Summary Evaluation:

- I **strongly recommend** this applicant for admission and believe that s/he has the capability to perform at a superior level.
- I **recommend** this applicant for admission and believe her/his performance will be comparable to that of most graduate students.
- I believe that this applicant's qualifications are **marginal**, but s/he has potential and would benefit from study in your program.
- I **do not** recommend this applicant for admission to your graduate program.

Evaluator's Signature _____ **Date** _____

Please complete the following contact information by typing or printing legibly:

Name _____ Position _____ Highest Degree Earned _____

School/Company _____

Address _____
NUMBER & STREET CITY STATE ZIP CODE COUNTRY

Telephone Number _____ Fax Number _____ E-mail _____