NORTH CAROLINA STATE UNIVERSITY
GRADUATE SCHOOL

Reference Report on Applicant

Respondent
Name______________________________

Applicant
Name______________________________

Last First Middle

Title______________________________ Desired Major

(Must be the same as that shown on application, may not be left blank)

E-Mail Address______________________________

For Applicant Use Only
(be sure to complete return mailing address below)

I,__________________________________________ hereby waive________ do not waive_________

(Signature of applicant) my right of access to this reference report. Date_____________

For Respondent Use Only
(Please return to the appropriate address shown 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 with a representative group of students qualified for graduate study to whom you have known and 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 estimate of applicant's ability and also check the column "Inadequate Opportunity to Observe."

<table>
<thead>
<tr>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Superior (Top 10%)</th>
<th>Inadequate Opportunity to Observe</th>
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</thead>
<tbody>
<tr>
<td>Ability to master academic work</td>
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<td>Ability in oral expression</td>
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<td>Ability to write</td>
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<tr>
<td>Motivation</td>
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<td>Emotional stability and maturity</td>
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<td>Self-reliance and independence</td>
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<td>Ability to work with others</td>
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<td>Creative or innovative talent</td>
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<td>Teaching potential</td>
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</tbody>
</table>

How long have you known the applicant? In what connection? ____________________________

If appropriate, please answer the following:

1) Would you accept this applicant to your graduate program? Yes________ No________

2) If recommended for admission, would you offer financial assistance if available? Yes_______ No________

In the space below or by attachment, please add any comments that will assist in our making a judgment as to whether the applicant should be admitted to our Graduate School. _____________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Address of Signature of Respondent________________________________________ Respondent________________________________________

________________________________________ Date

Applicant must complete this section before sending form to respondent

PLEASE RETURN THIS REPORT TO:

Director of Graduate Programs
(Program Name (Major)) ________________________

Campus Box __________ *

N.C. State University, Raleigh, N.C. 27695

* May be found at http://www.grad.ncsu.edu/calendar/scripts/appdead2.asp or on Program Information and Application Deadlines Form.

document source: http://www2.acs.ncsu.edu:80/grad/admission/app/