

**NORTH CAROLINA STATE UNIVERSITY
GRADUATE SCHOOL**

Reference Report on Applicant

Respondent Name _____ Applicant Name _____
Last First Middle
 Title _____
 Institution _____ 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."

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

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 Respondent _____

Signature of 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.