

## Reference Report for Graduate Study

**TO THE APPLICANT:** Complete Section 1 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 for which you are applying. 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 2. Return the report directly to Temple University at the address provided by the applicant in Section 1. If you need to use additional sheets of paper, please staple them to this form. Your candid completion of this form is greatly appreciated. Be assured that this report is completely confidential and will not be shared with the applicant, provided she/he has waived her/his rights to review this report.

**SECTION 1 (to be completed by applicant):**

Name of Applicant \_\_\_\_\_ Social Security Number (last 4 digits ONLY) - \_\_\_\_\_

Current Address \_\_\_\_\_

NUMBER & STREET

APARTMENT /UNIT

CITY

STATE

ZIP CODE

COUNTRY

Applying for the \_\_\_\_\_ (degree) in \_\_\_\_\_ (program).

Address for Submission of this Complete Report \_\_\_\_\_

**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.*

(Circle your choice): *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 2 (to be completed by evaluator):**

Name of Evaluator \_\_\_\_\_

How long have you know 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 characteristic listed below:

Characteristic	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%	Unable to judge
Creativity	___	___	___	___	___	___
Intellectual Curiosity	___	___	___	___	___	___
Maturity/Emotional Stability	___	___	___	___	___	___
Sensitivity to People/Issues	___	___	___	___	___	___
Initiative	___	___	___	___	___	___
Leadership Potential	___	___	___	___	___	___
Writing Ability	___	___	___	___	___	___
Oral Expression	___	___	___	___	___	___
Acceptance of Constructive Feedback	___	___	___	___	___	___
Overall Potential for Graduate Study	___	___	___	___	___	___

Each Reference Report is two pages in length. Evaluator, please ensure that you have completed and initialed both pages. **INITIALS HERE** \_\_\_\_\_

**SECTION 2 (continued):**

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 she/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 she/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: \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_

School/Company \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE COUNTRY

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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