Virginia Commonwealth University

Graduate School Reference Form

Section I (To be completed by applicant)

The following information must correspond exactly to the information submitted on your application. Indicate your decision regarding a waiver of the right of access to this reference before giving it to the person who will be submitting the reference. You should then give the form to the recommender with a self-addressed and stamped envelope. Have the recommender place the completed reference into the envelope, seal it and sign across the seal. The envelope should be returned to you and you should send it to VCU in accordance with the "Instructions for submitting application materials" page on the following page,

www.graduate.vcu.edu/admission/prospective/apply/instructions.html. Please do not return forms/letters separately.

Social Security number (Optional)					
Namelast first		middle		other last name(s)
Program for which you are applying (Complete these iten	ns exactly as y	ou have comp	leted them on y	our application	.)
curriculum specialization (if applic	able)	track (if app	olicable)	degree	
Semester and year of entry Fall Spare Fall	oring	Sumi	neryear	_	
Name of recommender					
The Family Education Rights and Privacy Act of 1974 and it however, are entitled to waive their rights of access concerregarding this recommendation. I waive my rights to inspect the contents of this reference.	ning recomme	endations. The	following signed	d statement is	
Section II (To be completed by recommender) Virginia Commonwealth University will value your comment comments in confidence if the applicant has signed the about the control of the contr	s on the suital	nature	plicant to do gra	duate work an	^{date} d will hold your
How long and in what capacities have you known the application of the second state of	In making you	ır assessment	, compare the ap	oplicant to othe	er individuals you have
Intellectual ability Ability to analyze a problem and formulate a solution Competence in applicant's general field Self-reliance Leadership Creativity/innovation Motivation	Superior	Good	Average	Poor	Unknown

Please use space on the back of this form to elaborate on the applicant's qualifications.

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that check-off ite you to provide ad following through professional curri	ms sometimes do not provide you the op dditional comments on the applicant's inte n with the opportunity for graduate educa culum, we are interested in your comme	e profile of the applicant's capability for graduate study. Since we realize oportunity to characterize the applicant as fully as you would like, we encountered capability, motivation for seeking graduate education, and likely terstion (e.g., perseverance, work habits, organization). If the applicant is apply nts about the applicant's significant professional attitudes and behaviors. The tance, such as teaching, research assistance or fellowships.	acity in ing to a
Your overall asses	ssment of the applicant as to his or her a	bility to complete an advanced academic degree:	
	☐ Highly recommend	☐ Recommend with reservation	
	☐ Recommend without reservation	☐ Do not recommend	
signature		date	
name (please print)			
institution			
institution			
nosition		telephone number	

Place the completed form in the addressed and stamped envelope provided by the applicant. Be sure to seal the envelope and sign it across the seal before returning it to the applicant. Thank you for assisting us with our self-managed application process.