



## GRADUATE SCHOOL REFERENCE FORM for the School of Business

**Applicant:** Complete the following

**Name (PRINT)** \_\_\_\_\_

I  do  do not agree to waive my right under The Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Referee:** Please provide the following information

Quality	Superior	Above Average	Average	Below Average	Inadequate Opportunity To Observe
Aptitude in major field					
Teamwork skills					
Analytical ability					
Motivation for proposed program					
Perseverance					
Dependability					
Maturity					
Accuracy of work					
Oral expression/presentation					
Writing skills					
Initiative					

Identify this applicant's chief strengths and weaknesses (use an extra sheet if necessary).

I have known the applicant for \_\_\_\_\_ years. In what capacity? \_\_\_\_\_

**Referee Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Please print name in full

**Signature** \_\_\_\_\_ **Position** \_\_\_\_\_

**College/Employer/other** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail directly to:**

Office of Graduate Business Programs, Clarkson University, PO Box 5770, Potsdam, NY 13699-5770