GRADUATE ASSISTANTSHIP SUPERVISOR REFERRAL FORM (2012-2013)

University of Wisconsin-Whitewater, School of Graduate Studies

Instructions to Applicant: Please download this form as a Word document and fill in the information in the *Applicant Information* section below. Then forward this form (as an email attachment) to the person who will offer a referral on your behalf. Please choose an individual who has had the opportunity to supervise you in an organizational environment, reminding him/her to complete and forward the form (again, as an email attachment) to the UW-Whitewater School of Graduate Studies <gradschl@uww.edu> prior to the 15 February 2012 application deadline. This application is only needed if you are new to the Graduate Assistant program.

APPLICANT INFORMATION

Last Name	First	Midd	Middle Initial		Social Security Number
Permanent Address	Street	City	State	Zip Code	Country if not U.S.A.
Area Code/ Phone		E	mail Address		

The Family Educational Rights and Privacy Act of 1974 Act grants students the right to have access to documents of recommendation in their placement files. I wish to waive access to these documents.

Instructions to Supervisor Making Referral: Please answer the questions and evaluate the applicant's characteristics in the chart below and use the open comment area below to remark on other reasonably reliable indicators of work performance. We greatly appreciate your candid impressions of the applicant and thank you for taking time to aid us in assessing the applicant's suitability for receiving a graduate assistantship. When you've completed the form, please email it as an attachment to the UW-Whitewater School of Graduate Studies <gradschl@uww.edu> prior to the 15 February 2012 application deadline.

SUPERVISOR INFORMATION

Name				Title/Position Length of Employment				
Organization								
Address	Street	City	State	Zip Code		Country if not U.S.A		
Area Code/	Phone		Email Ad	dress				
Please plac	e a mark in the app	ropriate box describ	ing your work rela	tionship to the applica	nt.			
Work Superv	isor	·	••					
College/Com	munity Organization §	Supervisor						
Lab Supervis	or							
Internship Su	pervisor							
Other:								
		k under your superv	ision?					
Six (6) month								
.,	is to one (1) year							
One (1) to tw								
	o (2) years							

Please describe the nature of his/her responsibilities.

Please rate the applicant using the following scale based upon your experience with others in the same or similar position as the applicant.

	Highest Rating: Top 5%	Well Above Average: Top 25%	About Average	Below Average	Worst Rating	Unable to Assess
Promptness (arrived on time and completed tasks in a timely fashion)						
Thoroughness (accomplished all responsibilities without excessive mistakes or re-completions)						
Quality (attention to responsibilities showed adherence to high standards)						
Integrity (owned up to mistakes, took responsibility, was trusted in the workplace)						
Dependability (owned up to mistakes, took responsibility, was trusted in the workplace)						
Friendliness (contributed to positive climate, related well to others, kept a good attitude)						
Flexibility (managed uncertainty and change well, adopted and adjusted with relative ease)						
Independence (self-starter, addressed issues that needed to be addressed, initiated responsible action)						
Maturity (dress, language, behavior, interpersonal skills were developmentally appropriate)						
Considering all you know of this applicant's potential for successful employment, please provide a Global Rating						

Additional Comments:

THANK YOU • Please return this form as an email attachment to <gradschl@uww.edu>