



PROFESSIONAL REFERENCE

SECTION ONE (to be completed by applicant)

Print or type your information in this section and give it to the person who is completing your recommendation. Once your recommender has completed sections two and three, he or she should submit this form to the Office of Graduate and Continuing Studies.

Last Name	First Name	Middle/Maiden (if applicable)	
Date of Birth			
Address			
City	State	Zip	Country
Phone Number		Email	

I request that this form be sent to The University of Tampa Office of Graduate and Continuing Studies with the understanding that it will be used in support of my admissions application.

I, _____ ☐ voluntarily waive ☐ decline to waive
my right under The Family Education Rights and Privacy Act of 1974 to review or examine this recommendation form.

Applicant's Signature	Date
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RECOMMENDER SECTION

SECTION TWO (to be completed by recommender)

The person whose name appears above is applying to The University of Tampa and has asked you for a reference. This recommendation will be used solely for the evaluation of admission. The evaluation which is most helpful contains statements about the candidate's possible deficiencies as well as strengths. We appreciate your time and input.

In what specific capacity have you known the applicant? _____

For how long? _____

Describe the applicant's principal strengths as they relate to graduate study: _____

What are the applicant's primary weaknesses or liabilities? _____

How might these affect the applicant's performance in graduate study? _____

OFFICE OF GRADUATE AND CONTINUING STUDIES

The University of Tampa
Box 102F
401 W. Kennedy Blvd.
Tampa, FL 33606-1490
Phone: (813) 258-7409
Fax: (813) 258-7451
utgrad@ut.edu



The University Of
TAMPA

RECOMMENDER SECTION

SECTION TWO (continued)

Check the appropriate box on each line which corresponds to your evaluation of the qualities listed. Mark N/A if you had inadequate opportunity to observe this quality in the candidate:

	Superior (Top 5%)	Excellent (Top 15%)	Good (Top 30%)	Average (Middle 30%)	Weak (Low 30%)	N/A
Communication Skills—Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills—Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Engage in Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate your overall evaluation of this applicant for graduate study by checking one of the following:

☐ Highly recommend ☐ Recommend ☐ Recommend with reservations ☐ Not recommend

RECOMMENDER SECTION

**Recommender — email, mail
or fax completed form to:**

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The University Of
T A M P A

SYMBOL OF EDUCATIONAL EXCELLENCE

SECTION THREE (to be completed by recommender)

Name

Title

Organization

Address

City

State

Zip

Country

Phone Number

Email

Signature

Date