

GRADUATE ADMISSIONS

1717 S. Chestnut Ave. Fresno, CA 93702-4709 Phone: 559-453-2016 Fax: 559-453-2100 fresno.edu

GRADUATE REFERENCE FORM

THIS SECTION IS TO BE COMPI	ETED BY THE APPLIC	CANT				
me				Date of Birth		
ast four digits of SSN						
Graduate program						
Check one: I waive my right to access the large of the l						
Signature of applicant				Date		
THIS SECTION IS TO BE COMPLETE person named above has applied for 559-453-2100 or mail it to: Fresno I	for admission to a graduat	te program at Fres				
				Title		
Organization				_ Phone		
AddressSTREET			CITY		STATE ZIP	
5111221					J2	
. How long have you known the	applicant?					
In what relationship?						
_						
. Please compare the applicant to	Exceptional	Superior	Above average	Average	No basis for judgment	
Intellectual ability	Exceptional	Superior	Above average	Average	140 basis for judgment	
Communication skills						
nterest and enthusiasm						
Contribution potential in field Emotional maturity						
Overall, I would rank this ap	plicant in the top	_% of professio	nals in his/her field.			
. Rank the applicant's attitude	toward further ands	mia wank (nlaa	aa ainala ana)			
Highly enthusiastic Strong	Moderate Negativ	d				
LEASE ANSWER THE FOLLOWIN			OF PAPER			
. Describe the applicant's leader		-				
Describe the applicant's strong	-					
Describe any area(s) that are ch						
Discuss the applicant's overall in his/her chosen field. Compar		-	-	penness to change	and potential as a leader	
HECK ONE:	e the applicant to other	professionals yo	a Know in uns liciu.			
	oraduate study at Freen	o Pacific Univers	sity			
I recommend the applicant for I do not recommend the applicant	-		-			
I recommend the applicant with			omvoisity			
recommend the applicant with	a uno reservation.					
					Data	