

## Personal Reference Form

Name of Applicant \_\_\_\_\_  
(Last or Family Name) (First) (Middle)

Social Security #: \_\_\_\_\_ Proposed Field of Study \_\_\_\_\_

To Applicant: **WAIVER OF RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.** I hereby waive my rights to inspect and revise and to have access to this Recommendation Form, when completed, provided that the information on this Recommendation Form is used solely in connection with my application to the Montana State University-Bozeman.

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

**NOTE:** At least two of the persons asked to complete this form should be persons who are qualified to assess your potential for graduate study. Examples are professors in your major field, technical supervisors, department deans or deans from your baccalaureate institution. References from relatives are not acceptable.

### TO THE INDIVIDUAL COMPLETING THIS FORM:

Thank you for your time in providing this reference. The person whose name appears above is applying for Graduate School at Montana State University-Bozeman and has listed you as a reference. The college will appreciate a frank appraisal by you of the applicant. Please complete the following form (**in English**) at your earliest opportunity. Failure to return this form may adversely affect the applicant's admission.

This information will be kept strictly confidential if the applicant has signed the above waiver. If the waiver has not been signed, the applicant has a right to request access to this reference. Please use extra sheets if more space is needed.

If the department being applied to requires a written letter of recommendation, please include this completed form with that letter. If you are unclear as to whether a letter is required or not, please contact the applicant or the department directly.

Reference Name: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

1. How long, how well, and under what conditions have you known the applicant?  
(If you do not know the student well, please state.)  
\_\_\_\_\_

2. Was the applicant ever in a class you taught?  Yes  No

3. Do you know of any problems related to responsibility, qualifications, or performance that should be considered?  
\_\_\_\_\_  
\_\_\_\_\_

4. Please provide us with your overall assessment of the applicant and his/her potential for success in Graduate School.

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5. Please check the appropriate box to indicate your assessment of the applicant with regard to the following qualities. Strike out any question you judge to be not applicable or which you cannot fairly answer.

	Poor	Below Average	Average	Good	Excellent
A. Oral Expression of Ideas and Views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Intellectual Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. English Writing Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Capacity for Analytical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Initiative, Drive, and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Grasp of Basic Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Grasp of Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Suitability for Experimental Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Suitability for Theoretical Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Where would you rank the applicant among your other students who have gone on to graduate studies, in comparable fields, in recent years?

Upper 10%       Upper 25%       Upper 50%       Lower 50%

7. Would you accept this applicant as a graduate student under your supervision in you college/university?

Yes                       No

Why? \_\_\_\_\_

8. **PEASE CHECK ONE:**

- I would **STRONGLY RECOMMEND** this applicant for admission to graduate school.
- I would **RECOMMEND** this applicant for admission to graduate school.
- I would **RECOMMEND WITH RESERVATION** this applicant for admission to graduate school.
- I **DO NOT RECOMMEND** this applicant for admission to graduate school.

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

Please return this document to the applicant sealed in the enclosed envelope with your signature across the flap. The applicant must simultaneously submit all materials to the department to which they are applying.

*If mailing from a foreign country, please send VIA AIR MAIL.*