

REFERENCE FORM

**NDSU Teacher Excellence Scholars Program
Dept 2625 PO Box 6050
EML 155
North Dakota State University
Fargo, ND 58108-6050**

Name of applicant: _____

(If you choose not to sign this waiver, you will have access to this document in accordance with the Family Educational Rights and Privacy Act of 1974).

I hereby voluntarily waive my right to inspect this confidential personal reference:

Applicant's Signature

The applicant should provide all information up to this point, only.

Reference Report on Applicant

How long have you known the applicant? _____

In what connection? _____

On the following scale, please rank applicant against other students in comparable fields	Bottom Quarter	Third Quarter	Second Quarter	Top 25%	Top 10%	Top 5%	Top 1-2%

1. Would you accept this applicant into the NDSU Teacher Excellence Scholars program? Yes__ No__
2. Is the applicant able to tolerate guidance and/or direction from his or her peers? Yes__ No__
3. Is the applicant able to work equally well on a team or independently as the need dictates? Yes__ No__

In a separate letter, please write candidly about the student's qualifications and/or potential to succeed academically and personally in teacher education at the K12 level. Specific examples are more useful than generalizations.

Name: _____ **Title** _____

Affiliation _____

Address _____

Signature _____ **Date** _____

Thank you! This form and letter should be returned to the address above. Deadline: March 3, 2014.