

LETTER OF REFERENCE

**PLEASE MAIL THE COMPLETED FORM DIRECTLY TO:
The Graduate School, University of Louisiana at Lafayette, P.O. Box 44610, Lafayette, LA 70504-4610**

Under the provisions of the Family Educational and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

TO THE APPLICANT: Please complete the top section.

Name of Applicant

(LAST) (FIRST) (MIDDLE)

Address

BOX OR STREET CITY STATE OR COUNTRY ZIP CODE

Date of Birth Student ID Number

Graduate program to which application is made

(Optional) I hereby waive my right to access the material recorded below.

SIGNATURE OF APPLICANT

DATE

TO THE RESPONDENT: Please include your judgment of this candidate's qualifications and promise, intellectual ability, motivation and capacity for research or for acquiring professional skill, promise for a career in productive scholarship and effective teaching, quality of previous work, and character and personality.

(Please continue on the other side of this sheet)

For comparative assessment, please check the boxes below:

I would compare this applicant with other students of the same level as follows:

	TOP 10%	TOP 20%	TOP 40%	BELOW 50%	UNKNOWN
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known this applicant?

In what capacity?

The evaluation level of the group with whom the applicant is compared is:

- | | |
|--|--|
| <input type="checkbox"/> College seniors | <input type="checkbox"/> Second year master's students |
| <input type="checkbox"/> First year master's students | <input type="checkbox"/> Doctoral students |
| <input type="checkbox"/> Other (specify) <input style="width: 70%; border: 1px solid black;" type="text"/> | |

Would you accept this student into your graduate program?

YES NO YES WITH RESERVATION (please specify)

RESPONDENT'S SIGNATURE

NAME (PRINTED OR TYPED)

TITLE

DATE

ADDRESS

ADDRESS