

**OFFICE OF GRADUATE STUDIES**

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GRADUATE REFERENCE FORM**THIS SECTION IS TO BE COMPLETED BY THE APPLICANT**

Applicant Name _____ Date of birth _____

Last four digits of SSN _____ Graduate program _____

Check one:

- ☐ I waive my right to access the letter of recommendation under the Family Education Rights and Privacy Act of 1974.
☐ I retain my right to access the letter of recommendation under the Family Education Rights and Privacy Act of 1974.

Signature of applicant _____ Date _____

THIS SECTION IS TO BE COMPLETED BY THE EVALUATOR

Name _____ Title _____

Signature _____ Date _____

Organization _____ Phone _____

Address _____
STREET CITY STATE ZIP

1. How long have you known the applicant? _____

In what relationship? _____

2. Please compare the applicant to other professionals in his/her field using the scale below.

	Exceptional	Above Average	Average	Below Average	No basis for judgment
Intellectual ability					
Communication skills					
Interest and enthusiasm					
Contribution potential in field					
Emotional maturity					

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER

- Describe the applicant's leadership potential and/or ability.
- Describe the applicant's strong points. Include special abilities.
- Describe any area(s) that are challenges for the applicant.
- Discuss the applicant's overall ability to complete graduate study, his/her general character, openness to change and potential as a leader in his/her chosen field. Compare applicant to other professionals you know in this field.

CHECK ONE

- ☐ I recommend the applicant for graduate study at Fresno Pacific University
☐ I do not recommend the applicant for graduate study at Fresno Pacific University
☐ I recommend the applicant with this reservation _____