

Graduate School

Personal Reference Report

Office of Graduate Studies
 P.O. Box 5790 • Fargo, ND 58105-5790
 Telephone: (701) 231-7033

Name of Applicant _____ Social Security No. _____
 (If applicable)
 Department/Program _____
 Date to be submitted to NDSU _____

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

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

 Signature

(Applicant should provide all information to this point.)

Name of respondent _____
 Title _____ Institution _____
 How long have you known the applicant? _____
 In what capacity have you known the applicant? _____

I. Applicant's academic achievements and personal characteristics

(In the rating scales below, please compare the applicant with a representative group of individuals you have known during your professional career who have had approximately the same amount of experience and training as the applicant.)

Below average Above average Very good Outstanding No opportunity
 (lowest 50%) (next 25%) (next 15%) (highest 10%) to observe

a. Degree of mastery of the fundamental knowledge in his/her general field.					
b. Knowledge of and ability to use the basic techniques in his/her field.					
c. Ability to express himself/herself in speech and writing.					
d. Self-reliance and independence in his/her major area.					
e. Motivation toward a successful, productive career.					
f. Emotional stability and maturity.					
g. Possession of imagination and originality in his/her field.					
h. Growth during the total period in which you observed him/her.					

II. Letter of evaluation

(In the space on the back of the page, please assist in providing a complete picture of the applicant's ability and his/her potential by making some observations on such matters as capacity for graduate study, present achievements, and job competence. Comment upon any personal interests that might lead to a better understanding of the applicant. If the applicant knows English as a second language, discuss his/her abilities in English.)

NDSU is an Equal Opportunity Institution. This publication will be made available in alternative formats upon request 701-231-7033.

Letter of evaluation

Signature of respondent _____ Date _____

Please place the recommendation in an envelope, seal it, mark it as a letter of recommendation, and return the envelope to the applicant. The applicant will submit the sealed recommendation with his/her application for admission.