North Carolina State University Graduate School Reference Report on Applicant

Name		Applicant Name	ə		
			Last	First	Middle
Title		Desired Major			
				entered on application	n, do not leave blank)
Institution	_ Phone		Email		
FOR APPLICANT USE ONLY					
I,			hereby waive	do not wa	ive
(Signature and name of applicant)			·		
my right of access to this reference report.	Date _				

FOR RESPONDENT USE ONLY

RECOMMENDER

Please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that most nearly represents your opinion. Compare the applicant with a representative group of students qualified for graduate study to whom you have known and who have had approximately the same amount of experience and training as the applicant. If you lack knowledge to make a definite rating, give your estimate of applicant's ability and/or check the column "Unable to Judge".

	Below Average (Bottom 50%)	Average (Top 50%)	Good (Top 25%)	Outstanding (Top 10%)	Exceptional (Top 5%)	Unable to Judge			
Ability to master academic work									
Ability in oral expression									
Writing ability									
Motivation and drive									
Emotional stability and maturity									
Self-confidence									
Ability to work with others									
Creativity or innovative talent									
Leadership									
Problem-solving ability									
Planning Skills/Time Management									
Personal integrity									
Teaching potential									
How long have you known the applicant? In what connection? Summary Evaluation: Please indicate your overall recommendation of this applicant. Strongly Recommend Recommend Recommend with some reservation Do not recommend									
Please add, by means of a the applicant should be ac		•		n our making a ji	udgment as to	whether			
Respondent Address	R	Respondent Signature							
		Da	ate						

Please send completed form and letter of recommendation to the OR Services Coordinator | linda_smith@ncsu.edu