

# Graduate School Reference Form

**Section I** (To be completed by applicant)

The following information must correspond exactly to the information submitted on your application. Indicate your decision regarding a waiver of the right of access to this reference before giving it to the person who will be submitting the reference. You should then give the form to the recommender with a self-addressed and stamped envelope. Have the recommender place the completed reference into the envelope, seal it and sign across the seal. The envelope should be returned to you and you should send it to VCU in accordance with the "Instructions for submitting application materials" page on the following page, [www.graduate.vcu.edu/admission/prospective/apply/instructions.html](http://www.graduate.vcu.edu/admission/prospective/apply/instructions.html). Please do not return forms/letters separately.

**Social Security number** (Leave blank if you do not have a U.S. SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name** \_\_\_\_\_  
last first middle other last name(s)

**Program for which you are applying** (Complete these items exactly as you have completed them on your application.)

\_\_\_\_\_ curriculum specialization (if applicable) track (if applicable) degree

**Semester and year of entry**     Fall \_\_\_\_\_     Spring \_\_\_\_\_     Summer \_\_\_\_\_  
year year year

**Name of recommender** \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their rights of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

I waive my rights to inspect the contents of this reference.                       I do not waive my rights to inspect the contents of this reference.

\_\_\_\_\_  
signature date

\_\_\_\_\_  
signature date

**Section II** (To be completed by recommender)

Virginia Commonwealth University will value your comments on the suitability of this applicant to do graduate work and will hold your comments in confidence if the applicant has signed the above waiver.

How long and in what capacities have you known the applicant?

\_\_\_\_\_

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and formulate a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in applicant's general field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/innovation	<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"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use space on the back of this form to elaborate on the applicant's qualifications.

# Graduate School Reference Form

The Graduate School is interested in obtaining an accurate profile of the applicant's capability for graduate study. Since we realize that check-off items sometimes do not provide you the opportunity to characterize the applicant as fully as you would like, we encourage you to provide additional comments on the applicant's intellectual capability, motivation for seeking graduate education, and likely tenacity in following through with the opportunity for graduate education (e.g., perseverance, work habits, organization). If the applicant is applying to a professional curriculum, we are interested in your comments about the applicant's significant professional attitudes and behaviors. This form also may be used as a recommendation for financial assistance, such as teaching, research assistance or fellowships.

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Your overall assessment of the applicant as to his or her ability to complete an advanced academic degree:

- Highly recommend                       Recommend with reservation  
 Recommend without reservation       Do not recommend

signature

date

name (please print)

institution

position

telephone number

**Place the completed form in the addressed and stamped envelope provided by the applicant. Be sure to seal the envelope and sign it across the seal before returning it to the applicant. Thank you for assisting us with our self-managed application process.**