GRADUATE SCHOOL

Reference Report on Applicant

Respondent Name: ____________________________

Applicant Name: ____________________________

Title: ____________________________

Institution: ____________________________

Desired Major: ____________________________

(Must be the same as that shown on application)

For Applicant Use Only (U.S. citizens must fill in the appropriate return address below*)

I, __________________________________________________________,

hereby waive _______ do not waive ________

(signature of applicant)

my right of access to this reference report. Date _______________________

For Respondent Use Only (Please return to the appropriate address shown below)

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 also check the column “Inadequate Opportunity to Observe.”

<table>
<thead>
<tr>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Superior (Top 10%)</th>
<th>Inadequate Opportunity to Observe</th>
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</thead>
<tbody>
<tr>
<td>Ability to master academic work</td>
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<tr>
<td>Ability in oral expression</td>
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<td>Ability to write</td>
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<tr>
<td>Motivation</td>
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<td>Emotional stability and maturity</td>
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<td>Self-reliance and independence</td>
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<td>Ability to work with others</td>
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<td>Creative or innovative talent</td>
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<td>Teaching potential</td>
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</tbody>
</table>

How long have you known the applicant? _______________________ In what connection? _________________________

If appropriate, please answer the following:

1) Would you accept this applicant to your graduate program? Yes _____ No _____
2) If recommended for admission, would you offer financial assistance if available? Yes _____ No _____

In the space below or by attachment, please add any comments which will assist in our making a judgment as to whether the applicant should be admitted to our Graduate School.

________________________________________________________________________

Address of Respondent: ____________________________

Signature of Respondent: ____________________________ Date: ______________________

PLEASE RETURN THIS REPORT TO:

*U.S. Citizen Applicant Only: Foreign Citizen Applicant Only:

Graduate Administrator: ____________________________

Program: ____________________________

Box 7102

NC State Box: ____________________________

N.C. State University, Raleigh, N.C. 27695

Dean of the Graduate School:

Box 7102

N.C. State University

Raleigh, N.C. 27695 - 7102

U.S.A.