

MASTER'S DEGREE INFORMATION FORM
Michigan State University

Applicant Name:

TO THE PhD APPLICANT: This form must be completed by the chair or head of the program in which you obtained (or will obtain) your Master's degree. We prefer that the form be filled out by the person who was chair at the time you obtained your degree, but if this person is no longer available, the current chair is acceptable.

The Family Educational and Privacy Act of 1974 opens many student records for inspection. The law also permits students to sign a waiver relinquishing their rights to see letters of recommendation. Please complete the statement below.

I ___ waive ___ do not waive my right to have access to this Personal Reference Form.

____ Applicant's name (printed) _____ Date _____
Signature of Applicant

TO DEPARTMENT CHAIR OR HEAD:

The student named above is applying to the Ph.D. program in Geography at Michigan State University. You can help us make an informed decision about admission by completing this form and returning it promptly. Please answer the four questions below:

1. Do you have sufficient knowledge of this student to make an informed decision as to his/her potential in a Ph.D. program?
 YES NO; please explain

2. Do you support the student's admission to the Ph.D. program at Michigan State?
 YES NO; please explain

3. Has the student met all of your Department's requirements for a Master's degree?
 YES NO; please explain

4. Has the student completed a thesis as part of their Master's program?
 YES NO; please explain

Name (printed) _____ Title/position _____

Affiliation _____

Signature _____ Date _____

Please return this form to the student applicant in a sealed envelope with your signature across the seal.