PART I: TO THE APPLICANT: 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 (in Part I).

I______ waive ______ do not waive my right to have access to this Personal Reference Form.

________________________________________ Applicant’s name (printed) ___________________________ Date

Signature of Applicant

PART II: TO THE REFEREE: The applicant named above is applying to the graduate program in Geography at Michigan State University. Please help us evaluate the applicant’s promise by completing and returning this form to the student applicant in a sealed envelope OR mail to the address at the end of the form. Except where noted, your response to the questions below should be in a form of a clear mark on the line. PLEASE DO NOT SIMPLY CIRCLE OR CHECK THE WORDS BELOW THE LINE (e.g. Good, Excellent).

Feel free to comment on any of these items in your written statement (reverse side of form) in addition to the information provided below.

The applicant’s overall promise as a graduate student: Unable to judge

Fair __ Good __ Very Good __ Excellent

Please RANK THE APPLICANT among other students you have known, at comparable levels of age and training.

☐ upper 1% ☐ upper 3% ☐ upper 6% ☐ upper 12% ☐ upper 25% ☐ upper 50%

The applicant’s overall knowledge of Geography: Unable to judge

Fair __ Good __ Very Good __ Excellent

The applicant’s overall intellectual ability and curiosity:

Fair __ Good __ Very Good __ Excellent

The applicant’s abilities in oral expression:

Fair __ Good __ Very Good __ Excellent

The applicant’s commitment to graduate study:

Fair __ Good __ Very Good __ Excellent

The applicant’s emotional maturity and professional demeanor:

Fair __ Good __ Very Good __ Excellent

The applicant’s work ethic, dependability and ability to complete tasks on time:

Fair __ Good __ Very Good __ Excellent

My ability, as a referee, to assess the applicant’s success in graduate school:

Fair __ Good __ Very Good __ Excellent
Use the space below for additional comments that would help us evaluate the applicant, or enclose a separate letter.

Referee’s Name________________________________ Title/position_____________________________________________
Affiliation and/or Department___________________________________________________________________________
Signature________________________________________ Date__________________________________________________

Please return completed forms to the student in a sealed envelope with your signature across the seal OR mail directly to address below:

Graduate Secretary
Department of Geography-Michigan State University
116 Geography Bldg.
673 Auditorium Rd.
East Lansing MI 48824-1117