



# REFERENCE FORM *for* MASTER'S/DOCTORAL DEGREE PROGRAMS

This form needs to be filled out by three separate references. (Please copy the form.)

## TO BE COMPLETED BY APPLICANT

Applicant's Name: (Last)	(First)	(Middle)
Academic Program:		
<b>WAIVER OPTION:</b> I hereby waive my right, granted under the Privacy Act of 1974, to examine this reference and understand that its contents will not be shared with me. <span style="float:right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </span>		

## TO BE COMPLETED BY PERSON GIVING REFERENCE

Name of Reference:	
Position or Title:	
Reference's Signature:	Date:
How long have you known the applicant?	In what capacity have you known the applicant?
Do you recommend the applicant for Master's/Doctoral study?            Master's <input type="checkbox"/> Yes <input type="checkbox"/> No            Doctoral <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend without reservation <input type="checkbox"/> Recommend with reservation <input type="checkbox"/> Strongly recommend <input type="checkbox"/> Do not recommend	

## ON THE FOLLOWING SCALE OF 1 TO 5, PLEASE RANK THE APPLICANT 1 - Outstanding; 2 - Above Average; 3 - Average; 4 - Below Average; 5 - Unknown

Potential for significant development as an academic leader	_____
Integrity and Reliability	_____
Mastery of fundamental professional knowledge	_____
Ability to understand and apply new ideas	_____
Self-motivation and resourcefulness	_____
Perseverance	_____
Verbal communication skills	_____
Written communication skills	_____
Relationship with colleagues	_____
Relationship with superiors	_____
Personal appearance	_____

Please provide statement about applicant's academic potential ability, strengths, and limitations.

**Please send completed form to:**  
 Dean of the Graduate School  
 TEXAS SOUTHERN UNIVERSITY  
 3100 Cleburne Street HH201  
 Houston, Texas 77004  
**E-mail: [graduateadmissions@tsu.edu](mailto:graduateadmissions@tsu.edu)**