UNIVERSITY OF NORTH TEXAS
THE DEPARTMENT OF GEOGRAPHY
GRADUATE PROGRAM IN APPLIED GEOGRAPHY
PO Box 305279
Denton, Texas 76203
(940) 565-2091

REQUEST FOR REFERENCE

(Please return directly to department.)

Name of Applicant for Graduate Studies in Applied Geography. (Please print or type.)

_____
Last Name First Name Middle Initial

_____
Undergraduate Degree, Date of Degree, and University Awarding Degree

To the applicant: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. We shall consider all letters of recommendation; however, you have the option of (1) signing the following waiver, or (2) declining to do so.

1. I expressly waive any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation or policy.

Signature Date

2. I do not agree to the waiver as stated above.

Signature Date

(Applicant should complete form above this line.)

The following to be completed by the referee:

I have known the applicant for approximately _____ years.
During this time, the applicant was an: Undergraduate Student ___ ; Graduate Student ___ ; Advisee of Mine ___ ; Assistant of mine ___ ; Employee of mine ____ ; Other_____ .
I know the applicant: Quite well ____ ; Fairly well ____ ; Not very well ____.

I would compare the applicant with other students as follows:

Opinion	Superior	Above Average	Average	Below Average	No Basis For Opinion
Teaching ability					
M.S. potential					
Ability to master academic work					
Ability for oral expression					
Ability to write					
Emotional stability and maturity					
Self-reliance and independence					
Ability to work with others					
Ability for experimental techniques and analytical thought					

Please evaluate the scholarly or creative capability and potentiality of the applicant to complete a graduate degree in Applied Geography as a percentile rating by placing an "X" in the appropriate place on the scale below.

_____

100% 90% 80% 70% 60%

Knowing the applicant's grades, I feel that they do ____ do not ____ adequately represent the applicant's level of ability.

Additional comments (please use reverse side of page if necessary):

In summary, I would give a very strong ____ strong ____ average ____ no ____ recommendation.

Recommendation with reservation (please specify): _____.

Recommender's signature: _____ Date: _____

Title: _____ Name (printed or typed): _____

Address: _____ Phone: _____