

FERRIS STATE UNIVERSITY
College of Education & Human Services – School of Education
Graduate Degree Program Reference Form

NOTE TO APPLICANT: Deliver or send this form to a previous instructor, recent employer, or professional colleague who is able to evaluate your potential for graduate study.

Applicant Name: _____
(last name) (first) (middle)

Please check one: ___ I agree to waive my rights to review this reference.
___ I do not agree to waive my rights to review this reference.

I am applying to: ___ Master of Education Curriculum and Instruction ___ Master of Science Educational Leadership ___ Master of Science Career and Technical Education

NOTE TO EVALUATOR: The applicant named above is applying for graduate studies at Ferris State University in the program indicated. The faculty is interested in your appraisal of the applicant's qualifications as a graduate student and as a professional. It is our hope that this form will provide a convenient way in which you can give us your appraisal.

1. How long have you known the applicant? _____

2. How well do you know the applicant?

- Casually
- Fairly Well
- Very Well

3. In what type of relationship have you known the applicant?

- Student
- Teacher
- Friend
- Employer
- Colleague
- Other: _____

4. What are the applicant's outstanding assets? If possible, please supplement your statement with specific evidence, illustrations, or examples. Note particular qualities that may make the applicant desirable as a graduate student or professional educator.

5. What dimension of the applicant do you believe needs the greatest development?

6. What is your view of the applicant's potential for successfully completing a graduate program? (Check one)

- Excellent
- Very good
- Good
- Poor

7. Please rate the applicant on the scale below. What reference group, if any, are you using in these comparisons?

Please check ONE.

- Undergrad Students
- Grad Students
- Employees
- Other: _____

	Top 5%	Top 15%	Top 30%	Top 50%	Lower 50%	Unable to Judge
Integrity						
Cooperation						
Communication Skills-Oral						
Communication Skills-Written						
Responsibility						
Maturity						
Leadership						
Intelligence						
Motivation						
Subject Area Competence						
Teaching Competence						

8. The Graduate Programs Coordinator would appreciate any additional statement you may wish to make concerning the applicant's capacity for graduate work in teacher education. *(If you would like to add a supplementary letter, it will receive careful consideration.)*

Evaluator's Name (printed or typed)

Title, grade, or rank and department

Institution/Business/Company

Address

Evaluator's Signature

Send completed form to the address below. Thank you for your assistance.

**Office of Graduate Studies
 1301 S. State Street, IRC 119
 Big Rapids, MI 49307
 Phone: 231-591-2650
 Email: gradoffice@ferris.edu**