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: __________________________________________

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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.

School of Education, Ferris State University; Bishop Hall 421; 1349 Cramer Circle, Big Rapids, MI 49307