Graduate Education
Personal Reference Form

INSTRUCTIONS FOR THE CANDIDATE

Please complete (print or type) the top portion of this form before delivering it to the individual you have selected as a reference.

Name of Candidate: ___________________  Email Address: ___________________

School: (if applicable) ___________________  School Phone Number: ___________________

Under the provision of the Family Education Rights Act of 1974, you may decide whether letters of reference written at your request are to be held in confidence or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the reference will be advised of your choice.

______ Confidential file – I grant permission for this letter of reference to be held in confidence by Brenau University.

______ Open file – I retain the choice of having letters of reference available to me.

Signature of Applicant: __________________________________________________________________________

INSTRUCTIONS FOR THE REFERENCE PROVIDER

Please give an honest appraisal of the applicant’s potential for successfully completing Brenau University’s graduate education program by responding to the following questions. We appreciate the time and effort you are taking to complete this form.

How long and in what relationship have you known the applicant?
____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Do you know of any matters related to character, responsibility, physical or mental health which would be considered by the admissions committee or which would limit the activities of this person to perform graduate work?  __ Yes  __ No  Please explain.
____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please comment on the applicant’s strengths.
____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Please complete the other side.
Please comment on the applicant’s weaknesses.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please rank the applicant on the following categories with reference for success in a graduate program.

<table>
<thead>
<tr>
<th>Category</th>
<th>Upper 10%</th>
<th>Upper 25% but not Upper 10%</th>
<th>Upper Half but not Upper 25%</th>
<th>Lower Half</th>
<th>No Basis For Rating</th>
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<tbody>
<tr>
<td>Emotional Maturity</td>
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<td>Oral Expression</td>
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<td>Imagination and Creativity</td>
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<td>Intellectual Potential</td>
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<td>Judgment and Decision Making</td>
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<td>Perseverance</td>
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<td>Effectiveness as a Teacher</td>
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<td>Potential in Research</td>
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</table>

Please comment on the ratings you have given above and provide any further comments, including your recommendations.

________________________________________________________________________________

________________________________________________________________________________

The information I have provided about the candidate is true to the best of my knowledge.

Signed: ___________________________________________ Date: ______________________

Name (Printed or Typed): _______________________________ Title: ____________________

Institution: _________________________________________

Address: ___________________________________________

City: ____________________________________________ State: ______________ Zip: ___________

Please return the completed Reference Form to:

Brenau University
Office of Admissions
500 Washington Street SE
Gainesville, GA 30501