



MASTER'S PROGRAMS REFERENCE FORMS

Name of Applicant _____

Application for Public Affairs Environmental Science Joint Degree _____

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing the right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

APPLICANT SIGNATURE _____ DATE _____

The person whose name appears above is applying for admission to a Master's degree program in the School of Public and Environmental Affairs. Please assist us by providing a narrative description of the applicant's qualifications for graduate study. Please include an assessment of how this applicant compares to others whom you have taught or with whom you have worked. Of particular interest to our faculty will be comments regarding the applicant's strengths or limitations in the following categories:

- intellectual ability
- ability to work independently as well as with a team
- maturity
- communications skills
- overall potential for graduate work

Please return this form with your recommendation in a sealed envelope, placing your signature across the seal.

Detailed comments (a separate letter may be attached if you prefer):

GRADUATE PROGRAMS OFFICE

SPEA 260
1315 E. Tenth Street
Bloomington, Indiana
47405-1701

812-855-2840
Fax: 812-855-7802

www.spea.indiana.edu

Please complete both pages of the reference form.

Note that this recommendation must reach the School of Public and Environmental Affairs no later than February 1st if the applicant is to be considered for financial aid.

In what capacity and how long have you known this applicant? _____

Do you recommend that this applicant be admitted to a Master's degree program at the School of Public and Environmental Affairs?

Strongly recommend

Recommend

Recommend with reservation

Do not recommend

Name (please print or type) _____

Position or Title _____

Address _____

Email Address _____ Phone Number _____

Signature _____ Date _____