

Graduate School Reference Report

Applicant Instructions: Please complete and sign Section A of this form and then forward to your reference writer for completion and submission.

All reference reports must be received by the following deadlines:

Fall admission: July 10 (*Exception: Nurse practitioner applicant reports must be received by mid-February*)

Spring Admission: December 10

Section A: To be completed by the applicant

Applicant Name _____ E-Mail _____

Intended Major _____

Applicant's Waiver of Right of Access to Confidential Statement

Under the Family Educational Rights and Privacy Act of 1974, an enrolled student has access to their educational records. We comply with this law while still allowing the student the option of waiving the right of access. If you wish to waive the right to examine this reference report, please sign below. If left unsigned, you will have access to this document upon enrollment. The option you choose in no way affects our consideration of your application.

I hereby waive my right of access to this reference report. I DO NOT waive my right of access to this reference report.

Applicant Signature _____ Date _____

Section B: To be completed by the reference writer

Reference Name _____ Phone or E-mail _____

Position/Title _____ Employer _____

Signature _____

Due to federal legislation giving students access to educational records, we cannot guarantee the confidentiality of this document unless the applicant has signed the waiver above.

Please complete this document to the best of your ability. If necessary, attach additional sheets to this form.

How long have you known the applicant? _____

In what capacity do you know the applicant?

- Professor/Instructor
- Employer/Supervisor
- Colleague/Co-worker
- Academic Adviser
- Other _____

How well do you know the applicant?

- Very well
- Moderately well
- Slightly

Please rate the applicant compared to his/her peers on the following:

	Excellent	Above Average	Average	Poor	Unable to Rate
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retention of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems, formulate solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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What are the applicant's primary areas of strength?

What are the applicant's primary areas of weakness?

What is your overall evaluation of the applicant's ability for success in graduate school?

Submission options:

Mail: SUNY Polytechnic Institute • Graduate Admissions Office • 100 Seymour Road • Utica, NY 13502
Fax: 315-792-7221 • **Scan/Email:** graduate@sunypoly.edu