



# Graduate School Reference Form Clarkson University

**Applicant:** Complete the following

Applicant Name (PRINT) \_\_\_\_\_

I  do  do not agree to waive my right under The Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please check the Graduate school for which you are applying:**     School of Arts & Sciences     School of Business     School of Engineering  
 Division of Health Sciences     Interdisciplinary Programs

**Please print the program you are applying to before submitting to your referee:** \_\_\_\_\_



**Referee:** Please check the box that best describes the applicant.

Quality	Superior	Above Average	Average	Below Average	Inadequate Opportunity to Observe	N/A
Motivation/Initiative for Proposed Program						
Aptitude in Major Field						
Potential as a Researcher						
Potential as a Teacher						
Analytical Ability						
Creativity						
Perseverance						
Teamwork Skills						
Dependability						
Maturity						
Accuracy and Preciseness of Work						
Oral Expression/Presentation						
Written Expression						

I have known the applicant for \_\_\_\_\_ years. In what capacity? \_\_\_\_\_

For further comments, please use the space below or submit an additional letter.

**Referee Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Referee Signature** \_\_\_\_\_ **Position** \_\_\_\_\_

**College/Employer/other** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail directly to the appropriate school:**

School of Arts & Sciences\*  
Graduate Studies  
Clarkson University  
P.O. Box 5802  
Potsdam, NY 13699

School of Business  
Graduate Programs  
Clarkson University  
P.O. Box 5770  
Potsdam, NY 13699

School of Engineering  
Graduate Studies  
Clarkson University  
P.O. Box 5625  
Potsdam, NY 13699

Division of Health Sciences  
Clarkson University  
P.O. Box 5880  
Potsdam, NY 13699

\*Includes Interdisciplinary programs