The Graduate School of Geography
950 Main Street, Worcester, Massachusetts 01610-1477

PERSONAL REFERENCE FORM

To the applicant: Please complete the top part of the form and give it to your referee requesting that it be promptly completed and returned. To the referee: Please complete this form at your earliest convenience and return to the applicant with your signature across the sealed envelope.

Your Name: _____________________________________________________________________________

Last (Family)    First    Middle

[ ] I hereby waive my right to access, under the Family Educational Rights and Privacy Act of 1974, to this letter of evaluation respecting my application for admission to the Graduate School of Geography, Clark University.*

_____________________________________________      __________________________
Signature         Date

[ ] I do not waive my right to the above statement.*

_____________________________________________     ___________________________
Signature         Date

1. How well and in what capacity do you know the applicant?

2. Summary Evaluation of Scholarly Ability. In comparison with (Please specify nature and size of comparison group) how would you rate the applicant in terms of scholarly ability and promise for a Ph.D. in Geography?

[ ] TRULY EXCEPTIONAL; in the highest 1%; a person who, in your experience, appears only once every few years

[ ] OUTSTANDING; in the highest 5%

[ ] UNUSUAL; in the highest 10%

[ ] GOOD; in the highest 25%

[ ] ABOVE AVERAGE; in the highest 50%, but recommended
3. Is the applicant’s scholastic record an accurate index of his/her ability?
   ____yes       ____no       If no, please explain briefly.

4. How strongly do you recommend this applicant for admission to the Clark Ph.D. program in Geography?
   ____Very strongly  ____Strongly  ____Recommend
   ____Recommend with reservations  ____Do not recommend

5. If a discrepancy is implied in your ranks for items 4 and 2, please explain.

6. What is your opinion of the applicant's potential as a Ph.D. graduate student? (Give views on his/her accomplishments, intellectual independence, capacity for theoretical thinking, organizing abilities, expression, drive and motivation.)

7. ____________________________________________     ___________________________
   Signature         Date
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   Title            Department
   Name, printed or typed     Institution
   Address

(*) The Higher Education Act of 1974 now allows students in colleges and universities access to institutional records concerning them. This includes transcripts and letters of recommendation. Because of this Act, Clark University cannot guarantee the Confidentiality of letters of recommendation that are written on behalf of an applicant, unless the applicant checks and signs the waiver provided above.