

THIS EVALUATION IS OPEN TO THE CANDIDATE UPON HIS/HER REQUEST AND IS NOT TO BE CONSIDERED CONFIDENTIAL\*\*

Graduate Reading Program  
School of Teaching and Learning  
529 Education Building  
Bowling Green State University  
Bowling Green, OH 43403

\_\_\_\_\_ is applying for admission to a graduate program in Education at Bowling Green State University. In support of this admission application, we have been given your name as a personal reference. Would you please appraise this applicant's qualifications for the degree program checked:

\_\_\_\_\_ Reading Endorsement Certificate Program \_\_\_\_\_ Master of Education Degree: Reading

1. How long have you known the applicant? \_\_\_\_\_

2. How well do you know the applicant?

\_\_\_\_\_ Casually \_\_\_\_\_ Fairly Well \_\_\_\_\_ Very Well

3. In what relationship have you known the applicant?

\_\_\_\_\_ Student \_\_\_\_\_ Employer \_\_\_\_\_ Friend

\_\_\_\_\_ Student Assistant \_\_\_\_\_ Other

4. What are the applicant's outstanding assets? If possible, please supplement your statement with specific evidence, illustrations, or examples. Note particular qualities that may make him/her desirable as a graduate student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please estimate the applicant's ability to do graduate work.

\_\_\_\_\_ I believe he/she will be a very promising candidate.  
\_\_\_\_\_ He/she should be able to complete the program.  
\_\_\_\_\_ I have some concerns about his/her ability to complete the program.

\*\*NOTE: In accordance with the Family Education Rights & Privacy Act of 1974 (PL 93-380), students may be given access to their files upon request.

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Please write below any further comments you may wish to make regarding the applicant's ability as a scholar.

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Federal law prohibits us from making preadmission inquiries about disabilities. Information regarding disabilities, voluntarily given or inadvertently received will not adversely affect any admission decision. If you require special services because of any disabilities, you may notify the Director of Disability Services at 419-372-8495. This voluntary self-identification allows Bowling Green State University to prepare appropriate support services to facilitate your learning. This information will be kept in strict confidence and has no effect on your admission to the college.

7. Evaluate the applicant on the following items. If information available is inadequate to make a rating, check the "No Rating" column.

	Excellent	Good	Satisfactory	Unsatisfactory	No Rating
• Dedication to tasks	_____	_____	_____	_____	_____
• Dependability	_____	_____	_____	_____	_____
• Responsibility	_____	_____	_____	_____	_____
• Attitude Toward Scholarly Activities	_____	_____	_____	_____	_____
• Research Skills	_____	_____	_____	_____	_____
• Human Relations Skills	_____	_____	_____	_____	_____

If you would like to add a supplementary letter, it will receive careful consideration. Your cooperation is sincerely appreciated.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Institution \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE RETURN TO:**  
 Wendy Vaughn  
 Graduate Secretary  
 529 Education Building  
 Bowling Green State University  
 Bowling Green, OH 43403