Berry College

Office of Admissions

GRADUATE CONFIDENTIAL PERSONAL REFERENCE FORM

To be completed by applicant:

I understand that federal legislation provides me with a right of access to this questionnaire which right may be waived, but that no school or person can require me to waive this right.

Check and sign one of the following statements:

☐ *I waive access to this recommendation under the provisions of the Family Education Rights and Privacy Act of 1974.*

☐ *I do not waive access to this recommendation under the provisions of the Family Education Rights and Privacy Act of 1974.*

Signature of Applicant _____

Name of Applicant _____

Address _____

Report requested of _____
(Name and position)

Proposed field of specialization (M.B.A. OR M. Ed.) _____

To be completed by person making recommendation:

1. How well and in what relationship have you known the applicant? _____

_____

2. In comparison with other college graduates, please rank the applicant in the following areas:

	Upper 10%	Upper 25% but not upper 10%	Upper Half but not upper 25%	Lower Half	No Basis for Rating
Intellectual Potential					
Emotional Maturity					
Written Expression					
Oral Expression					
Imagination and Creativity					
Perseverance					
Potential as a teacher					
Potential in research					

3. Comment briefly on the applicant's strengths and weaknesses: _____

_____

4. Please provide any further comments, including your recommendations: _____

_____

5. Do you know of any matters related to the character, responsibility, physical or mental health which should be considered by the admissions committee or which would limit the activities of this person in graduate work?

☐ Yes ☐ No If yes, please explain: _____

_____

Signed _____ Date _____

Name (printed) _____ Title _____

Department _____ Institution _____

Address _____

Street or Box City State Zip Code

Please do not return this CONFIDENTIAL report to applicant, but mail directly to:
Dean of Admissions ▪ Berry College ▪ PO Box 490159 ▪ Mount Berry, GA 30149-0159