



## PROFESSIONAL REFERENCE FORM

This recommendation will be used solely for the evaluation of admission. The evaluation which is most helpful contains statements about the applicant's possible deficiencies as well as strengths. We appreciate your time and input.

Applicant's last name \_\_\_\_\_ Applicant's first name \_\_\_\_\_

In what specific capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For how long? \_\_\_\_\_

Describe the applicant's principal strengths as they relate to graduate study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the applicant's primary weaknesses or liabilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How might these affect the applicant's performance in graduate study? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check the appropriate box on each line which corresponds to your evaluation of the qualities listed. Mark N/A if you had inadequate opportunity to observe this quality in the applicant:

	Superior (Top 5%)	Excellent (Top 15%)	Good (Top 30%)	Average (Middle 30%)	Weak (Low 30%)	N/A
Communication Skills—Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills—Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Engage in Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OFFICE OF GRADUATE AND CONTINUING STUDIES

The University of Tampa

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The University Of  
TAMPA

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Indicate your overall evaluation of this applicant for graduate study by checking one of the following:

☐ Highly recommend

☐ Recommend

☐ Recommend with reservations

☐ Not recommend

Save this form and upload at the  
hyperlink emailed to you.

## Recommender Information

Recommender's Name

Title

Organization

Address

City

State

ZIP

Country

Phone number

Email

Signature (type name here)

Date

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