



**REFERENCE FORM**  
**GRADUATE OFFICE**  
 State University of New York at Oswego  
 Oswego, NY 13126  
 (315)312-3152

*To be completed by the candidate:*

NAME OF CANDIDATE \_\_\_\_\_ Social Security No. \_\_\_\_\_

Program applied to: \_\_\_\_\_

Disclosure of Social Security numbers is voluntary and is used to facilitate identification and record keeping. Authority to solicit the Social Security number has been established under section 355 of the Education Law of the State of New York.

In accordance with the Family Educational Rights and Privacy Act of 1974, please check one statement and sign below.

*I do*    
  *I do not*    
 waive my right to read and review this statement.

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

**To the referee: After completing Parts I and II, please return this form to the candidate in a sealed envelope with your signature across the sealed flap.**

**Part I** Please rate the candidate on these criteria compared to others with whom you have worked by checking the appropriate box.

	Outstanding	Above Average	Average	Below Average	Unable to Judge
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for independent study & research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work cooperatively with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional and ethical behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II** Please provide your assessment of the candidate's capacity for success in graduate studies. Indicate how long you have known the candidate and in what context. Please feel free to use the back of this form or attach a separate sheet of paper.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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