THE OHIO STATE UNIVERSITY

Each recommendation must include the completed Reference Form as well as a separate letter from your recommender written and signed on academic or business letterhead stationery. Recommendations should be requested from professors who are able to comment on your qualifications for graduate study. They should not be requested from a non-academic person unless you have extensive work experience with that individual and/or you have been away from academic institutions for some time. Complete all sections below and enter your name and deadline date on the reverse side. Deliver this form directly to the recommender, along with a stamped envelope addressed to the Graduate Studies Committee Chair of the graduate program to which you are applying and a self-addressed, stamped postcard for informing you when this Reference Form and the recommender's letter have been sent.

Name: _____
          Last or Family Name/Surname   First   Middle   Date of birth

Address: _____ Degree sought: _____

E-mail address: _____

OSU ID #, if known:_____ Major field of study:_____

List the name and address of the graduate program to which you are applying.

        Graduate Studies Committee Chair
        The Ohio State University

(graduate program) _____

(building) _____

(street) _____

        Columbus, OH 43210 USA

If you have had contact with a faculty member at Ohio State regarding graduate study, please indicate the following:

_____   _____
Faculty contact's name   Department

Name: _____

Title:_____ Institution: _____

Address: _____

Phone: _____ FAX: _____ E-mail: _____
     IMPORTANT: At least one direct contact number must be supplied, for verification purposes.

List the courses you have taken under the direction of this recommender:

Course Number	Course Title	When Taken	Grade

The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written on his or her behalf if the recommendation is used solely for the purposes of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The university does not require that you make such a waiver as a condition for admission or award of fellowship or associateship. However, under the legislation you have the option of signing such a waiver as follows:

I hereby waive my right to access to this recommendation and any appropriate attachments which have been written by _____
(insert name of recommender) on behalf of my application to the Graduate School, The Ohio State University, and for award of a fellowship or associateship, if applicable. This waiver is effective insofar as the recommendation is used solely for the purpose of admission or award of fellowship or associateship, if applicable.

Printed Name: _____Date: _____ Signature: _____

(continued)

The applicant named below has applied for admission to the Graduate School of The Ohio State University. Please complete this Reference Form along with a separate recommendation letter written and signed on your official academic or business letterhead stationery. Return both documents before the program application deadline of _____. If you have not had the applicant as a student, please adapt items 3–6 below, if applicable, and explain your knowledge and assessment of the applicant in your recommendation letter. If you do not know this student well, please feel free to say so.

_____

Applicant's Last or Family Name/Surname   First   Middle

1. What is your relationship with the applicant? ☐ Teacher/Professor ☐ Employer/Supervisor ☐ Other _____

2. Do you know the applicant well enough to give him/her a recommendation? ☐ Yes ☐ No
   (If you checked NO, you do not need to complete the rest of this form.)

3. SUMMARY EVALUATION
   Compare the applicant with a representative group of students with similar experience and training in the same field. How do you rate the applicant on general research and scholarly ability? (Check one.)
   ☐ outstanding (highest 5%—comparable to best students)
   ☐ very good (highest 10%)
   ☐ good (upper 25%—ability easy to identify)
   ☐ average (upper 50%)
   ☐ below average (lower 50%)

4. RECOMMENDATIONS
   I would make the following recommendation for the applicant's admission to the program and degree listed on the front:
   ☐ strongly recommend
   ☐ recommend
   ☐ recommend with reservations
   ☐ do not recommend

   I feel that the applicant is qualified to serve as: (check all that apply)
   ☐ graduate teaching associate
   ☐ graduate research associate
   ☐ master's candidate
   ☐ doctoral candidate
   ☐ other

5. Some gifted individuals do not perform to their potential. Is the applicant's scholastic record, as you know it, an accurate index of his/her ability?
   ☐ Yes ☐ No ☐ Don't know
   (If you checked NO, please explain why in your recommendation letter.)

6. RECOMMENDATION LETTER
   a. Use only clearly identified, official academic or business letterhead paper. This letter must be signed by you.
   b. Include the applicant's name on each page of the letter.
   c. Attach your letter to this Reference Form and send them so they arrive no later than the above-stated deadline.
   d. Describe the applicant's qualifications for graduate study. Please discuss topics such as:
       • performance in independent study or in research groups
       • intellectual independence
       • research interests
       • capacity for analytical thinking
       • ability to work with others
       • ability to organize and express ideas clearly
       • drive and motivation.

_____

I have read the recommender information on the front of this Reference Form, including the direct contact number, and have made any necessary corrections. My preferred direct contact number is:

Phone: _____ Fax: _____ E-mail:_____

Printed Name: _____ Signature: _____
_____