Applicant’s Name __________________________________

How long have you known the applicant and in what capacity?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

In your opinion, is the applicant qualified for admission to this program?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you aware of any characteristics that you consider weaknesses of the applicant?
_____________________________________________________________________________________
_____________________________________________________________________________________

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Low</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>Preparation for graduate study</td>
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<tr>
<td>Initiative</td>
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<td>Leadership Ability</td>
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<td>Capacity for analytical thinking</td>
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<tr>
<td>Ability to develop graduate research skills</td>
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<td>Work ethic</td>
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<td>Writing ability</td>
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<td>Character</td>
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<td>Oral communication</td>
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<td>Teamwork</td>
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<td>Persistence</td>
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</table>
Do you recommend this applicant for graduate study?

_____________________________________________________________________________________
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Additional Comments

_____________________________________________________________________________________
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_____________________________________________________________________________________
_____________________________________________________________________________________

Reference’s Name ________________________________________________________________

Address______________________________

_____________________________________________________________________________________
_____________________________________________________________________________________

Phone Number______________________________

Position or Title ________________________________

Signature of Reference______________________________

Date_____________________________

Please return completed form to the following address:
Faulkner University
ATTN: Graduate Enrollment
5345 Atlanta Hwy
Montgomery, AL 36109

Or scan a copy to:
graduateenrollment@faulkner.edu