

NAME OF APPLICANT Name _____
FIRST MIDDLE LAST (FAMILY NAME)

Birthdate / /
MONTH / DAY / YEAR

U-M ID Number (if known) _____

INSTRUCTIONS FOR THE APPLICANT Under the provisions of the Family Education Rights and Privacy Act of 1974, you [if admitted and enrolled] will have access to the information provided unless you have waived such access.

Please indicate your preference below and give this completed form to the referee.

I hereby waive my right of access to this recommendation _____
SIGNATURE MONTH / DAY / YEAR

I **DO NOT** waive my right of access to this recommendation _____
SIGNATURE MONTH / DAY / YEAR

INSTRUCTIONS FOR THE REFEREE Please provide candid evaluations and relevant information concerning the applicant. Your assistance is sincerely appreciated. Upon completion, you may attach a word document (if applicable) with this form and email to ecredentials@umich.edu.

NAME OF REFEREE Name _____
FIRST MIDDLE LAST (FAMILY NAME)

Title _____ Email _____

What subject(s) have you taught this student? _____

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

What do you consider to be the strengths of the applicant?

What characteristics of the applicant do you feel are in need of improvement?

Please compare this applicant with other individuals you have known at a similar stage in their careers.

	Top 5%	Very Good	Average	Marginal	Poor	Not Observed
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Apply Analytical Skills to Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate Orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate in Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate Visually/Graphically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for Hard Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Perseverance Toward Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership and Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Professional Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional comments, if necessary, on the academic ability and promise of the applicant.

Referee Signature _____ Date / /
MONTH / DAY / YEAR

School, Agency, or Firm _____
NAME OF ORGANIZATION

Send this form to ecredentials@umich.edu.