

SUNY Institute of Technology
P.O. Box 3050
Utica, New York 13504-3050

Graduate School Reference Report

Name of Applicant _____

Applying for the _____ (degree) _____ program.

Name and title of person supplying reference:

Name	Title
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AUTHORIZATION FOR WAIVER: TO BE READ AND SIGNED BY APPLICANT: This waiver is not required as a condition of admission.

I understand my right under the U.S. Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to admission to a graduate or other school.

I do do not waive my right to review this reference report.

Date	Signature of Applicant
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TO THE APPLICANT: Complete the above information and send this form with a reference envelope to the individual who will be providing your reference.

TO THE EVALUATOR: In the space below please comment on the following: 1. How long and in what capacity you have known the applicant. 2. The applicant in terms of talents, abilities, potential, organizing and communicating ideas, seriousness, and maturity and stability in the face of prolonged and difficult work. 3. Other relevant information not found elsewhere in the application materials. Return this form in the envelope provided.

Signature	Position/Title	Date
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Name and Address (Please type or print)