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# Graduate School Reference Report

Applicant Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Intended graduate degree/major \_\_\_\_\_

Name and title of person supplying reference:

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

**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

TO THE APPLICANT: Complete the above information and send this form to the individual who will be providing your reference.

TO THE EVALUATOR: In the space below (or on an attached page) 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.

\_\_\_\_\_  
Signature Position/Title Date

\_\_\_\_\_  
Name and Address (Please type or print)

Please return to:  
SUNYIT Graduate Center • 100 Seymour Road • Utica, New York 13502  
gradcenter@sunyit.edu • Phone: (315) 792-7347 • Fax: (315) 792-7221