

GRADUATE STUDENT REFERENCE FORM



Extended University Division
 California State University, Bakersfield
 30-BDC
 9001 Stockdale Highway
 Bakersfield, CA 93311-1022
 PH. 661-664-2441
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<http://www.csub.edu/eud>

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - EXTENDED UNIVERSITY DIVISION

Applicant: Please complete this section, then deliver or mail this form and self-addressed envelope to your referee. Ask your referee to return the letter to you in the attached envelope with his/her signature across the seal. Do not open the envelope or break the seal. Submit the sealed envelope with your application.

Name: _____ CSUB ID# (Social Security Number for new students): _____

Telephone: () _____ Term for-which you are applying (circle): Fall or Spring: Year _____

Program of Study: _____ Degree Sought: _____

I understand that this recommendation will be used only for admission and fellowship decisions, and I hereby waive my right of access to this recommendation. Signed: _____ Date: _____

Respondent: The admissions committee would appreciate your judicious evaluation of the applicant. CSU-Bakersfield/Extended University Division uses a self-managed application. To preserve the confidentiality of this recommendation, please affix your signature across the sealed flap of the envelope and return it to the applicant who will submit it with his/her application packet to the CSUB Extended University Admissions Office. If you do not know the student well enough to give a recommendation, please initial here: _____

Note: If the applicant does not sign the above waiver, right of access to this recommendation is not waived.

Name of Respondent: _____ Phone: () _____

Position/Title: _____ Organization: _____

Address: _____

How long have you known the applicant? _____ In what capacity? _____

Please rate the applicant on the qualities listed below:

	Truly Exceptional (top 5%)	Outstanding (top 15%)	Above Average (top 25%)	AverageBelow (mid 50%)	Average (lowest 25%)
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<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"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I strongly recommend, recommend, recommend with reservations, do not recommend this applicant for the Master's program. I would be I would not be willing to respond to additional questions by telephone

Signed: _____ Date: _____