



**Louis Stokes Alliance for Minority Participation  
California State University, Bakersfield**

9001 Stockdale Highway  
Bakersfield, CA 93311-1022

661/654-2031/3157  
FAX: 661/654-2039  
E-mail: jtrigos@csub.edu  
http://www.csub.edu/~jtrigos/

**REFERENCE FORM FOR THE  
LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION**

**Referee:** Please make sure the applicant signs the following:

**Applicant:** I agree to waive my right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Referee:**

This is my evaluation of \_\_\_\_\_  
Please print name in full

I have known the applicant for \_\_\_\_\_ years in the capacity of \_\_\_\_\_

	Superior	Good	Average	Below Average	Inadequate	Cannot evaluate
Aptitude in Science						
Aptitude in math						
Promise as scientist						
Potential teacher						
Imagination						
Initiative						
Perseverance						
Cooperativeness						
Dependability						
Accuracy and preciseness of work						
Oral expression						
Written expression						

Remarks (Please feel free to use additional pages) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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