To be accomplished by a former dean/instructor or former employer/supervisor, and returned in sealed envelope to the AUF Graduate School through the applicant.

Name of Applicant __________________________________________________________

Degree Applied for ____________________________

The person named above is applying for admission at the AUF Graduate School. The school would appreciate receiving a report from you about the applicant. To ensure confidentiality, please use the envelope provided by the applicant and sign the flap of the envelope. Thank you.

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

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

2. What do you think are the applicant’s strong points? In what areas he/she needs to improve?

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

3. Please comment on the applicant’s intellectual strength and the ability to complete the degree applied for.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

OVER-ALL EVALUATION: (please check one)

[ ] I strongly recommend the applicant for admission
[ ] I recommend the applicant for admission
[ ] I recommend the applicant w/ reservation

__________________________________
Signature Over Printed Name of Rater

__________________________________
Position

__________________________________
Company/Institution