

Reference Form
Georgia College & State University
Admission to the Fine Art Studio Concentration

To be Completed by Applicant

Term and year for which you are applying: _____

Name of Applicant: _____
First Middle Initial Last Name

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the reference will be advised of your choice.

_____ Confidential file. I grant permission for this letter of recommendation to be held confidential by Georgia College & State University.

_____ Open file. I retain the choice of having letters of reference available to me.

Signature of Applicant Date

To be Completed by Reference

You may wish to make additional comments by letter. If you do so, please attach your letter to this form so that the applicant's choice with respect to keeping personal references confidential may be honored. **Please place this form and any additional material in a business size sealed envelope signed over the flap from your institution and return to the to the applicant who will forward it with other application materials.**

1. Knowledge of applicant:

_____ This student was enrolled in my class(es). Term _____ Year _____
Type of course _____
I was this student's major professor or undergraduate advisor.
_____ While I have not taught or advised this applicant, I have known this person _____ years.
_____ I supervised or directed the work of the applicant for _____ years.
_____ I do not know this individual well enough to evaluate.

2. Scholastic Evaluation: In comparison with other students in the same field who have the same amount of experience and training, I rate this person:

_____ Superior (Upper 5%) _____ Good (Upper 25%)
_____ Very Good (Upper 10%) _____ Average (Upper 50%) _____ Below Average

| 3. Quality Rating of Individual | Excellent | Very Good | Good | Average | Fair | Poor | Unknown |
|------------------------------------|-----------|-----------|------|---------|------|------|---------|
| a. Self-motivation/Initiative | | | | | | | |
| b. Adaptability/Flexibility | | | | | | | |
| c. Emotional Maturity | | | | | | | |
| d. Ability to interact with others | | | | | | | |
| e. Dependability | | | | | | | |
| f. Stress Tolerance | | | | | | | |
| g. Effective use of time | | | | | | | |
| h. Leadership | | | | | | | |
| i. Determination/Assertiveness | | | | | | | |
| j. Ability in major area of study | | | | | | | |

4. Please add any comments that you feel will assist in evaluating the applicant's potential as a student in the Georgia College & State University Fine Art Studio Concentration

Name of Reference (please print) _____

Date _____ Signature _____

Title _____

Institution (if applicable) _____

Address _____

City, State, Zip Code _____

Telephone (work) _____

(home) _____ (email) _____

Notice to the Applicant: This completed form must be returned to you in a sealed envelope signed over the flap by the reference. You are responsible for forwarding it, along with additional application materials requested, by the stated deadline.

This Form May Be Photocopied.