

**WESTERN MICHIGAN UNIVERSITY
HISTORY DEPARTMENT GRADUATE PROGRAM REFERENCE FORM**

Complete items A, B and C below, then deliver this form directly to a person who is acquainted with your qualifications for graduate study. It is recommended that you supply this person with a self-addressed, stamped envelope in which he or she will return this form to you. When you receive all the forms back, please forward them in their sealed envelopes to the history department using the envelope provided in the general admission packet. Refer to the departmental materials for application deadline dates. Be sure to allow plenty of time to gather letters and meet the deadlines.

Name _____

Degree Sought _____

Graduate program to which you are applying _____

The Family Educational Rights and Privacy Act of 1974 provide the student with a right of access to this reference form. This right may be waived, but no school or person can require the student to waive this right. Check and sign one of the following statements.

- I waive my right to review of this recommendation
- I do NOT waive my right to review of this recommendation

Date: _____ Name (Print): _____

Applicant's Signature _____

The student named above has applied for admission to a graduate program at Western Michigan University. Please complete this reference form and return it as soon as possible to the applicant in the self-addressed, stamped envelope which he/she has provided. You may prefer to write a separate letter and attach it to this form.

How long have you known the applicant? _____

How well do you know the applicant? _____

Do you know the applicant as a professional? _____

Please comment on the applicant's potential as a graduate student. Discuss his/her accomplishments, intellectual independence, research interests, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly (orally and in writing), teaching ability and experience. If English is not the applicant's first language, please include an assessment of spoken English. If you prefer, you may attach a separate letter.

Please indicate the strength of your overall endorsement of this applicant:

Highly recommended () Recommended () Recommended with some reservations () Not recommended ()

Printed name/Title of referee _____

Signature of referee _____

Institution _____

Address _____

Telephone number _____ E-mail address _____

Please return this form to the applicant in the self-addressed, stamped envelope he/she has provided. Make sure to sign across the seal of the envelope