Personal Reference Form for Admission to Doctoral Program

TO THE APPLICANT:

Please complete A, B, and C below. Give this reference form with a stamped, addressed envelope directly to the person who can evaluate your academic or work performance. Use such persons as supervisors or college professors to evaluate your performance. After completing the form, the person should mail the form to our department. The envelope should be addressed to: Director of Graduate Studies, EDL - 350 McGuffey Hall, Miami University, Oxford, Ohio 45056.

A. ______________________________________________________________________
   Last Name First Name Middle/Maiden Name

B. Degree Sought: _______ Field of Study: ____________________________________

C. Waiver Statement: The Family Educational Rights and Privacy Act of 1974 and chapter 1347 of the Ohio Revised Code both provide for student access to credential references. Students, however, are given the option of waiving their right of access to references. The signed statement below indicates the wish of the student requesting this particular reference.

   _____ I wish to waive my right to inspect and review the contents of this reference.

   _____ I retain the right to inspect the contents of this reference.

Applicant’s Signature ________________________________ Date _____________________

1. In what capacity and how long have you known the applicant?

2. From among the college graduate population you know, how would you rate this applicant in terms of the following:

   |                           | High | Low  | No Opportunity
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<thead>
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<tbody>
<tr>
<td>Analytical Thinking</td>
<td>5___</td>
<td>4___</td>
<td>3___ 2___ 1___</td>
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<tr>
<td>Written Communication</td>
<td>5___</td>
<td>4___</td>
<td>3___ 2___ 1___</td>
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<tr>
<td>Oral Communication</td>
<td>5___</td>
<td>4___</td>
<td>3___ 2___ 1___</td>
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<td>Perseverance Toward Goals</td>
<td>5___</td>
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<td>3___ 2___ 1___</td>
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<td>Ability to Work Independently</td>
<td>5___</td>
<td>4___</td>
<td>3___ 2___ 1___</td>
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<tr>
<td>Demonstrated Leadership</td>
<td>5___</td>
<td>4___</td>
<td>3___ 2___ 1___</td>
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3. Please describe the applicant in terms of their strengths and weaknesses as an educational leader.

4. Please give an estimate of the applicant’s success in a doctoral program.

Name (please print) and Title ___________________________ Signature ___________________________

Business Name and Address ___________________________

City ___________________________ State ___________________________ Zip ___________________________ Phone ___________________________

Date ___________________________