



**Department of Education**  
**Master of Arts: Curriculum and Instruction: Reference Form**

**Note to applicant:** Deliver or send this form to a previous instructor, recent employer, or professional colleague who is able to evaluate your potential for graduate study.

Applicant name:

Last: \_\_\_\_\_ first: \_\_\_\_\_ middle: \_\_\_\_\_

**Note to evaluator:** The applicant named above is applying for graduate studies in the master of arts in curriculum and instruction program at lake superior state university.

How long have you known the applicant?

How well do you know the applicant?

\_\_\_\_ casually \_\_\_\_ fairly well \_\_\_\_ very well

In what type of relationship have you known the applicant?

\_\_\_\_ student

\_\_\_\_ teacher

\_\_\_\_ friend

\_\_\_\_ employer

\_\_\_\_ colleague

\_\_\_\_ other \_\_\_\_\_

What are the applicant's outstanding assets? Please give examples of specific instances to illustrate your points.

What dimension of the applicant do you believe needs the greatest development?

What is your view of the applicant's potential for successfully completing a graduate program?

\_\_\_\_\_excellent \_\_\_\_\_very good \_\_\_\_\_good \_\_\_\_\_poor

Please rate the applicant on the scale below.

	Outstanding	good	fair	poor
Integrity				
Cooperation				
Communication skills				
Responsibility				
Maturity				
Leadership				
Intelligence				
Motivation				

Please feel free to make any other statements relevant to the applicant's capacity to do graduate work.

Evaluator's name: \_\_\_\_\_

Title, grade or rank and department: \_\_\_\_\_

Institution/business/company: \_\_\_\_\_

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Address: \_\_\_\_\_  
\_\_\_\_\_

Evaluator's signature: \_\_\_\_\_

Send completed form to: Graduate Coordinator, Department of Education, Lake Superior State University, 650 West. Easterday Avenue, Sault Ste. Marie, MI 49783.

Additional information on the graduate program is available online at <http://education.LSSU.edu/MA>