

**Reference for Admission to Doctoral Program
East Texas A&M University
The Graduate School**

TO BE COMPLETED BY APPLICANT

ID no. _____

Name of Applicant _____

Address: _____

I agree that the recommendation I am requesting shall be held in confidence by officials of East Texas A&M University, and I hereby waive any rights to examine it. ☐ Yes ☐ No

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE RECOMMENDER

The above named person has applied to a doctoral program at East Texas A&M University and has asked that you supply the information requested below.

I have known the applicant for _____ yrs. Capacity _____

Please indicate the applicant's ability and professional competence in the following.

QUALIFICATIONS	Excellent	Good	Average	Poor	No basis for judgment
General competence					
Intellectual capacity					
Initiative					
Dependability					
Perseverance					
Oral expression					
Written expression					
Potential as a research scholar					
Potential as a teacher					
Knowledge in subject of proposed study					
Personality					
Emotional Stability					
Adaptability					
Self-confidence					
Ability to work with others					
Enthusiasm					
Independence					
Overall potential as doctoral candidate					

In addition to the above evaluation, please provide a statement appraising the applicant's promise of success in a doctoral program. You may use the back of this form if necessary.

Signature _____ Date _____

Name typed or printed _____ Position _____

Do you hold a doctoral degree? yes _____ no _____ Telephone Number: _____

Address _____

Please return this form to: email: Dayla.Burgin@tamuc.edu or mail: PO Box 3011, Commerce, TX 75429