

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

**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 Texas A&M University-Commerce, 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 Texas A&M University-Commerce 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.

<b>QUALIFICATIONS</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>No basis for judgment</b>
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](mailto:Dayla.Burgin@tamuc.edu) or mail: PO Box 3011, Commerce, TX 75429