REFERENCE FORM
Department of Educational Psychology & Higher Education

Three letters of reference from university faculty or other individuals qualified to judge your academic potential must be submitted to the Department of Educational Psychology & Higher Education. Complete this page and then provide the form to the individuals who will be providing the references.

To be completed by the applicant:

Name of Applicant: _____________________________
Typed or printed name of applicant

Applying for (check one):

(pre-doctoral studies)

[ ] Master of Education- School Counseling
[ ] Master of Science- Educational Psychology
[ ] Education Specialist- School Psychology

(doctoral studies)

[ ] Ph.D. in Educational Psychology- Foundations Strand
[ ] Ph.D. in Higher Education
[ ] Ph.D. in Educational Psychology- School Psychology Strand
[ ] Ph.D. in Learning and Technology

I waive the right to view this reference form. Yes [ ] No [ ]

Signature of Applicant: _____________________________ Date: ________
To be completed by the person giving the reference:

We would appreciate a recommendation from you concerning the person named on the previous page who is an applicant for graduate studies in the Department of Educational Psychology & Higher Education. Information is particularly desired concerning your knowledge of:

- The candidate’s proficiency and promise as a scholar;
- His or her ability to work with others and gain from experience;
- The candidate’s rating (using the table on the last page) compared with other potential graduate students you have known.

1. How long and in what connection have you known the applicant?

2. Describe the skills that demonstrate the applicant’s potential for success as a graduate student.

3. Describe any characteristics that may hinder the applicant’s effectiveness as a graduate student.
RATING SCALE

*Please put an “X” in the appropriate space.*

<table>
<thead>
<tr>
<th>RATING CATEGORIES</th>
<th>OUTSTANDING</th>
<th>ABOVE AVERAGE</th>
<th>ADEQUATE</th>
<th>BELOW AVERAGE</th>
<th>NOT OBSERVED</th>
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<td>INNOVATIVE</td>
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<td>KNOWLEDGE OF FIELD</td>
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<td>INTELLECTUAL ABILITY</td>
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<td>WORK VALUES AND ETHICS</td>
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OVERALL RECOMMENDATION

*(Please check one, use reverse side for additional comments)*

[ ] I recommend the applicant, without reservation, as an excellent prospect.
[ ] I have some reservation, but would recommend the applicant as a good prospect.
[ ] I have substantial doubts, but think the applicant should be given a chance to prove her/himself.
[ ] I cannot recommend this applicant.

____________________
_________________________
Print Name

____________________
Signature                      __________
Date

____________________
Affiliation  _________________
Title

____________________
Address                           __________
Phone

Please place this recommendation form letter in a sealed envelope, place your signature across the seal and return it to the applicant for submission with his/her application material.

Or, mail the reference to:

Department of Educational Psychology & Higher Education
University of Nevada, Las Vegas
P.O. Box 453003
Las Vegas, NV 89154-3003