TO APPLICANT: Please complete the top section of this form and give a copy to each of the persons listed as references on your application form.

Semester of Application  Fall  Spring  20_______

Name of Applicant:

last  first  middle

APPLICANT’S WAIVER OF ACCESS

(The following waiver of access to your files is optional. If signed below, you certify to the evaluator and the University that this evaluation will be confidential.)

I hereby waive my rights to see or inspect any written evaluation sent to California State University, Fullerton as a result of this request. VALID ONLY IF SIGNED

Applicant’s Signature ____________________________________ Date: _____________

TO EVALUATOR: We would appreciate your opinion of the person named above who is applying for admission to our Master’s degree program.

1. How well do you know this person?

2. Please rate this student in relation to others of a similar academic background whom you have known:

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<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
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<tr>
<td>Intellectual ability</td>
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<td>Academic Preparation</td>
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<td>Writing Ability</td>
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<td>Speaking Ability</td>
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<td>Initiative</td>
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<td>Perseverance</td>
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<td>Maturity</td>
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<td>Motivation</td>
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<td>Imagination and Creativity</td>
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3. Please estimate where you feel the candidate would rank in relation to other students in comparable fields.

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<tr>
<th>Bottom Half</th>
<th>Second Quarter</th>
<th>Top 25%</th>
<th>Top 10%</th>
<th>Top 5%</th>
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</table>

4. Please attach a letter of recommendation for the candidate. We are particularly interested in your opinion of the applicant’s qualifications in the following areas:

1. Intellectual capacity
2. Communication skills (both oral and written)
3. Interest and ability to do independent scientific research
4. Quality of previous academic and/or professional work
5. Ability to work successfully as part of a team
6. Overall character, integrity, and personality

5. Summary Evaluation: Indicate your overall recommendation in relation to the candidate’s admission to the Geological Sciences Department at CSU Fullerton:

☐ Strongly Recommended  ☐ Recommended with Reservation

☐ Recommended  ☐ Not Recommended

DO NOT RETURN THIS FORM TO THE APPLICANT,
MAIL THIS FORM DIRECTLY TO:

Graduate Advisor
Department of Geological Sciences
California State University, Fullerton
800 N. State College Blvd.
Fullerton, CA 92831

Referee’s Name ________________________________

Position or Title __________________________ at ___________________________

Address ____________________________________________

Signature of Referee _____________________________ Date __________________