

Reference Form
Educational Technology
Division of Psychology in Education

Name of Applicant (print or type)	Name of Reference (print or type)
-----------------------------------	-----------------------------------

<p>Before forwarding this form to the person writing this reference, please indicate below whether you waive your right to read the reference at any time in the future.</p> <p><input type="checkbox"/> I waive my rights to review this evaluation and understand that the contents will not be available to me.</p> <p><input type="checkbox"/> I do not waive my right to review this evaluation.</p>	
Applicant's Signature	Date

The above named individual has applied for admission to the Educational Technology Program at Arizona State University. Your assessment of the applicant will assist the Admissions Committee. Thank you for your cooperation.

How long have you know the applicant? Under what circumstances?

In completing the form, please rate the applicant in comparison to other graduate students you have known. Please place a check in the corresponding box according to the scale:

- | | |
|---|-------------------------------------|
| 1 = Top 10% of graduate students | 4 = Next 10% (10th-19th percentile) |
| 2 = Next 10% (80th - 89th percentile) | 5 = Bottom 10% |
| 3 = Middle 60% (20th - 79th percentile) | |

	1	2	3	4	5
1. Intellectual ability					
2. Leadership ability					
3. Working relationships with others					
4. Ability to express self orally					
5. Likelihood of success in advanced graduate work					
6. Likelihood of career success					

Please submit a signed letter of recommendation (on letterhead) along with this completed form. Return this form directly to:

Division of Psychology in Education
Arizona State University
PO Box 870611
Tempe, Arizona 85287-0611

Signature	Date
Position	Institution