## UNIVERSITY OF NORTH TEXAS THE DEPARTMENT OF GEOGRAPHY & THE ENVIRONMENT GRADUATE PROGRAM IN GEOGRAPHY- **Professional Track**

REQUEST FOR REFERENCE

Please return directly to: **GEOG-GradAdmissions@unt.edu** 

1155 Union Circle, #305279 Denton, Texas 76203 (940) 565-2091

Signature

## THIS SECTION SHOULD BE COMPLETED BY THE APPLICANT Name of Applicant for Graduate Studies in Geography. (Please print or type.) Last Name First Name Undergraduate Degree University Awarding Degree Date of Degree To the applicant: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. We shall consider all letters of recommendation; however, you have the option of (1) signing the following waiver, or (2) declining to do so. 1. I expressly waive any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation or policy. Signature Date Date 1. I do not agree to the waiver as stated above.

## THIS SECTION SHOULD BE COMPLETED BY THE REFEREE:

Date\_\_\_

I have known the applicant in my capacity as \_\_\_\_\_\_\_ for \_\_\_\_\_\_years

I would compare the applicant with other students as follows:

Opinion	Superior	Above Average	Average	Below Average	No Basis For Opinion
M.S. potential					
Ability to master academic work					
Ability to write					
Ability for oral expression					
Ability for experimental techniques and analytical thought					
Teaching ability					
Emotional stability and maturity					
Self-reliance and independence					
Ability to work with others					

## Please return form to :GEOG-GradAdmissions@unt.edu

Recommender's signature:		Date:
Name (printed or typed):	Title:	
Address:	Phone:	