

**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
KINESIOLOGY PROGRAM**

REFERENCE FORM FOR ADMISSION TO GRADUATE PROGRAM

THIS SHOULD BE A REFERENCE PERTAINING TO YOUR ACADEMIC ABILITIES (E.G., FROM A PROFESSOR OR AN INSTRUCTOR YOU HAVE TAKEN COURSES FROM)

A. Information for the Applicant

You should complete Section A and give this form to an individual who is well acquainted with your educational background and academic abilities, to fill out and return to our Graduate Program Office.

Name of Applicant: _____
Surname Given Name

Proposed Area of Specialization: _____

(Optional) I hereby waive my rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

Signature _____
Date _____

B. Information for the Respondent

Please type or print all information given below. We are particularly interested in the applicant's ability and initiative to do advanced study and research.

1. I have known the applicant:

(check all that apply)

- as an undergraduate
- as a research assistant
- as an employee
- as a graduate student
- as a teaching assistant
- in other capacities (please state)

2. I have served as the applicant's:

(check all that apply)

- Dept/School chairperson
- teacher in several classes
- teacher in only one class
- academic advisor
- research supervisor
- in other capacities (please state)

3. Please state what you consider to be the applicant's greatest personal and professional strengths. _____

4. Please note any areas where you believe the applicant needs improvement. _____

5. In comparison with other individuals at the applicant's level with whom you have been associated over the past five years, please rate the applicant with respect to the following categories:

	Unable to Judge	Below Average	Average	Above Average (top 20%)	Outstanding (top 10%)	Superior (top 5%)
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English (Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency (Written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you were in a university and the applicant applied to your own graduate program, would you recommend his/her admission:

- | | |
|--|---|
| <input type="checkbox"/> without reservation | <input type="checkbox"/> not at all |
| <input type="checkbox"/> with some reservation | <input type="checkbox"/> no comparable program exists |

Name of Respondent _____

(please print and sign)

Position _____ Telephone: _____

Institution _____

Department _____

Address _____

City _____ State _____ Zip Code _____

**Mail this form directly to:
Graduate Program Coordinator
Department of Kinesiology and Community Health
112 Freer Hall
906 S. Goodwin Ave.
Urbana, IL 61801**