

Complete the following information:

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle Former Name (i.e. maiden)

I am seeking admission to the following graduate program at Southern Polytechnic State University:

- Computer Science
- Construction
- Engineering Technology/Electrical
- Information Design and Communication (see NOTE\*)
- Information Technology
- M.B.A.
- Quality Assurance
- Software Engineering
- Systems Engineering

**\*NOTE:** Students applying to the Information Design and Communication program are required to submit three reference letters instead of reference forms.

I realize under the provisions of the Family Educational Rights and Privacy Act of 1974, I may decide whether letters of reference written at my request are to be held confidential or whether they are to be available for my personal inspection.

With an understanding of the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby waive my right to inspect, review, and have access to this evaluation when it has been completed in connection with my application to Southern Polytechnic State University.

\_\_\_\_\_  
Signed Date

I will have a professor, professional colleague, and/or supervisor who is familiar with my educational and/or professional background complete the reverse side of this reference form and return the completed form directly to Southern Polytechnic State University, 1100 South Marietta Parkway, Marietta, Georgia 30060-2896, Attention: Graduate Admissions Committee for:

- Computer Science
- Construction
- Engineering Technology/Electrical
- Information Design and Communication (see NOTE\*)
- Information Technology
- M.B.A.
- Quality Assurance
- Software Engineering
- Systems Engineering

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To be considered for admission, all documents including Immunization Certificate, must be received by the following semester deadline dates:

FALL SEMESTER	SPRING SEMESTER	SUMMER SEMESTER
July 1	November 1	April 1

International applicants applying from outside of the United States must submit all admissions documents, including Immunization Certificates, at least 60 days prior to the above deadline dates.

**EVALUATOR'S RECOMMENDATIONS AND COMMENTS**

**Knowledge of Applicant** (check all that apply)

- The student enrolled in my class(es).
- I was the student's major professor or undergraduate advisor.
- While I have not taught or advised this applicant, I have known the applicant for \_\_\_\_\_ years.
- I supervised or directed the work of the applicant for \_\_\_\_\_ years.
- I feel that I do not know this individual well enough to evaluate.

Please place an "x" in the appropriate box below to indicate your rating of the applicant in comparison to his/her peers.

CHARACTERISTIC	<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>Exceptional</span> <span>Outstanding</span> <span>Very Good</span> <span>Good</span> <span>Average</span> <span>Poor</span> <span>No Basis for Evaluation</span> </div>						
	Top 2%	Top 10%	Top 25%	Top 1/3	Middle 1/3	Bottom 1/3	
Written Communication Skills							
Analytical Ability							
Leadership Characteristics							
Ability to Work with Others							
Oral Communication Skills							
Intellectual Ability							
Initiative							
Maturity							
Organizational Ability							
Integrity							
Judgment							

Considering this individual's academic record, special abilities, and/or determination, my recommendation is

- Strongly Recommend
- Recommend
- Recommend with Reservation
- Cannot Recommend

Please add any comments which you feel will assist in the evaluation of this applicant's potential to pursue graduate study.

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*If necessary, attach additional sheet.*

Evaluator's Name \_\_\_\_\_  
*Last*
*First*
*Middle*
*Daytime Telephone Number*

Company/Institution \_\_\_\_\_  
*Title*

Signature \_\_\_\_\_ Date \_\_\_\_\_