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| **U:\monroek\Logos, Identity info\PHD-IHS logos\IHSPhDHorzCMYK.jpg**  (269) 387-3800 | **Ph.D. Program Reference Form** |

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| **This section to be completed by Applicant** |

Complete the information below, **save as applicant last name-reference last name (e.g., doe-smith) and email to each reference.**

Applicant

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_

Reference Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. This right may be waived, but no school or person can require the student to waive this right. The following statement indicates the wish of the applicant regarding this recommendation.

Please check one: \_\_ I waive \_\_ I do not waive my right to inspect the contents of the following recommendation.

By typing my name in the box below, I certify that I am the applicant named above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Western Michigan University.

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| **This section to be completed by Reference** |

The student named above has applied for admission to the Interdisciplinary Health Sciences Ph.D. Program.

**Please complete this reference form and email as an attachment by January 3, 2014 to**

[**ihs-phd@wmich.edu**](mailto:ihs-phd@wmich.edu)

1. How long have you known the applicant? \_\_ less than \_\_1 year \_\_1-5 years \_\_over 5 years
2. How well do you know the applicant? \_\_casually ­­\_\_fairly well \_\_very well
3. What is your relationship with the applicant? (Check all that apply)

\_\_Professional Basis \_\_Academic Basis \_\_Casual/Personal Basis

1. Has the applicant served as your advisee? \_\_Teaching assistant \_\_Research assistant

(Check all that apply)

What is your opinion of the applicant’s potential as a Ph.D. student in the Interdisciplinary Health Sciences program? Give views on such matters as his/her accomplishments, intellectual independence, research interests, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly

(orally and in writing) and experience. (Limit 500 words)

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| Rate the applicant in comparison to other students or employees whom you have known in a similar capacity. Reference group (e.g., 100 M.A. students I’ve known in past 5 years, 20 undergraduates in intermediate courses, etc.) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Top 2 % | Top 10% | Top 25% | Next  25% | Lower  50% | Not able  to judge |
| Intellectual ability |  |  |  |  |  |  |
| Knowledge of chosen field |  |  |  |  |  |  |
| Motivation |  |  |  |  |  |  |
| Research potential |  |  |  |  |  |  |
| Social skills |  |  |  |  |  |  |
| Work habits |  |  |  |  |  |  |
| Originality |  |  |  |  |  |  |
| Problem solving ability |  |  |  |  |  |  |
| Oral communication skills |  |  |  |  |  |  |
| Written communication skills |  |  |  |  |  |  |
| Leadership potential |  |  |  |  |  |  |

Please indicate the strength of your overall endorsement

Highly recommend \_\_

Recommend \_\_

Recommend with some reservations­­ \_\_

Not recommended \_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By typing my name in the box below, I verify that the statements in this reference form are correct to the best of my knowledge and that I am the person named below.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Type your name)**

Save file and attach in an email to: [ihs-phd@wmich.edu](mailto:ihs-phd@wmich.edu)

Problems with the form – call (269) 387-3800.

**Deadline: Friday, January 3, 2014**