

Faculty Reference Form

TO BE COMPLETED BY STUDENT:

Name of Applicant: _____

WAIVER OF RIGHT TO EXAMINE THIS INFORMATION

I waive any right of access to this recommendation under the University of South Florida Student Records Policy.

Signature of applicant

Date

TO BE COMPLETED BY FACULTY REFERENCE:

Name of Faculty Reference: _____

Faculty Reference Email Address: _____

1. What is your relationship to this student? _____

2. Please rate the applicant on the following qualities (relative to other undergraduate students you have known in recent years):

	High	Average	Low	Not Observed
Responsibility	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Maturity	_____	_____	_____	_____

3. What overall recommendation do you give this student?

Highly Recommended _____

Recommended _____

Not Recommended _____ for the following reasons:

4. What additional information would be helpful to know about this student?

SIGNED: _____

(Name)

(Date)

Please email completed reference form directly to the Biology Advisors at bioadvise@usf.edu.