

**Alternative Certification Program
(ACP)
Reference Form**



How to Submit: Upload recommendation form into ACP Application in TK20

Application Deadline: July 15 (Fall Admission)

To the Applicant: Complete items 1-4. Give a copy of this form to each person who is serving as a reference for you.

1. Your name _____
2. Name of your recommender _____
3. The Family Educational Rights and Privacy Act of 1974 provides the applicant the right of access to view the contents of this recommendation form and reference letter. Please check the appropriate box below regarding this right.
 - I hereby waive my right of access to view this recommendation form and letter in my file.
 - I do not waive my right of access to view this recommendation form and letter in my file.
4. Your signature _____ Date _____

To the person completing this form: Complete items 1-4 below. Please include any additional comments elaborating on your experience with this applicant in a signed letter.

1. How long have you known and/or observed the applicant? _____
2. In what capacity have you know the applicant? _____
3. Please evaluate the applicant based on your observation and interaction with him or her. Place a check in the column that most nearly represents your opinion for each area of evaluation. Please check only **one** rating per area of evaluation. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe".
4. Do you know of any reason why this candidate might not complete the ACP program at this time? _____

Area of Evaluation	Superior (Top 10%)	Very Good (Upper 10-20%)	Above Average (Upper 21-30%)	Average	Below Average	Inadequate Opportunity to Observe
Intellectual ability						
Writing ability						
Problem-solving skills						
Motivation						
Ability to work independently						
Ability to work with others						
Oral Communication skills						
Enthusiasm for new information						
Technology skills						
Persistence						

Recommendation based on applicant's ability to pursue graduate study (check one):

- Strongly recommend Recommend Recommend with reservation Do not recommend

5. Signature of Person Completing This Form _____
 Title _____ Contact Info: _____

Note to recommender: If you do not wish for this applicant to view this form or if applicant has waived right to view form, you may send the completed form via email to Kory Kilgore, Assistant Director of Graduate Studies - KilgoreK@uhd.edu