Reference Form

The University of Kansas International Studies – M.A. Program

NAME OF APPLICANT (Plea	NAME OF APPLICANT (Please Print)				
Admission Requested for:	Spring 2002	Summer 2002	Fall 2002		
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I wish to have ACCESS to read this document (only st			93-380 I shall have the right to ess).		
SIGNATURE		Γ	DATE		
I wish this statement to be O Public Law 93-380 to this of		ereby waive any and all righ	ats of access granted to me by		
SIGNATURE		DATE			
*********	*********	********	********		
 How long, and under v 		e you known the applican	t?		
2. Based on your experience graduate students at a sin		olease assess how s/he con	npares with other potential		
 □ A. Exceptional: In the t □ B. Outstanding: In the t □ C. Above average: In th □ D. Average: In the mid □ E. Below average: In the international studies) 	op 15% (e.g., will perform e top third (e.g., will perfo dle third (e.g., will have so ne bottom third (e.g., prob	n well and could earn all A' orm satisfactorily) ome difficulty but may be al	ble to succeed in the program)		

3. What strengths and weaknesses could example: maturity, creativity, intelligence, is ability to meet deadlines, oral and written consuggestions and constructive criticism.)	nitiative, analytical skills,	motivation, ability to do independent work,	
4. What is your overall recommendation ☐ Strongly Recommend ☐ Recommend that the applicant be admitted to the	nd □ Recommend with	n Reservations	
Thank you for taking the time to complete this to the applicant.)	reference form. Please ma	il directly to the address below. (Do not return	
Due Dates for Reference Forms:	July 15 – Fall admission December 10 – Spring ad April 15 – Summer admis		
Name (type or print)	 Signature		
Title	 		
Organization			
Business address	—— Mail to:	Dr. Ted Wilson, Director M.A. in International Studies University of Kansas, 3001 Wescoe Hall	
City, state, zip code, country		1445 Jayhawk Blvd. Lawrence, KS 66045 USA	
phone number and e-mail address			