

App	blicant Name: Degree Sought:
Plea	mission Requested for Fall Semester. ase note that the Department of Political Science will only admit new graduate students for the Fall semester. No late applications will accepted or considered.
Rec sho	the Applicant: ommendations should be requested from professors who are able to comment on your qualifications for graduate study. They uld not be requested from a non-academic person unless you have extensive work experience and/or you have been away from demic pursuit for some time.
The	the Recommender: applicant named above has applied for admission to the graduate program of the Department of Political Science at the University Kansas. We appreciate your frank answers to the following questions. You may attach a letter of reference to this form, if you preference note that the applicant has signed the statement below concerning confidentiality of this document.
1.	How long, and under what circumstances, have you known the applicant?
2.	What strengths and weaknesses could affect the applicant's performance in graduate school? (For example: maturity, creativity, intelligence, initiative, motivation, ability to do independent work, ability to meet deadlines, oral and written communication skills, clarity of career goals, ability to profit from suggestions and constructive criticism.)
3.	In your opinion, are the applicant's scholastic records and/or standardized test scores, as you know them, an
_	accurate index of his/her ability?
	This person is likely to perform below the standard indicated by the academic record and/or standardized scores.
	The academic record and/or standardized scores are an accurate indication of this person's ability.
	This person is likely to perform better than the academic record and/or standardized scores indicate.
Cor	mments:

4. Please assess	the applicant's potential as a	successful grad	luate student.			
□ Will perf						
□ Will perf	form very satisfactorily and will p	robably earn mor	e A's than B's.			
□ Will perf	form satisfactorily and probably e	arn more B's thar	n A's.			
□ Will have	Will have difficulty performing satisfactorily.					
5. Overall Reco	ommendation – check as appli					
Recommendation		Doctoral <u>Program</u>	Master's <u>Program</u>	Assistantship or Fellowship		
I would strongly re	commend for					
I would recommen	d for					
I would recommen	d with reservations for					
I would not recomi	mend for					
Additional						
Referee Name: Title:						
Organization:Address:						
						Phone Number: Email Address
Signature:	Signature: Thank you for taking the time to complete this reference form. Please mail directly to the address below. Do not return to the applicant.					
Thank you for takin applicant.						
Please mail to:	Graduate Program Coordinator Department of Political Science The University of Kansas 504 Blake Hall, 1541 Lilac La Lawrence, KS 66044-3177 Email: kupols@ukans.edu	•				
h to have access to graduate program		nd that under Pul	blic Law 93-380 I sh	nall have the right to read this document if I am admitte		
LICANT SIGNATUR	RE		DATE			
n thic ctatamant to						
	b be confidential and I hereby v	-		anted to me by Public Law 93-380 to this document.		