

Reference Report

for
**Counseling and Psychological Professions
Degree Programs**

Complete and return to:

**Graduate Studies Office, McCaskill 102, University of Wisconsin Superior
PO Box 2000, Superior WI 54880-4500**

Voice: 715 394-8295 Fax: 715 394-8040 email: gradstudy@uwsuper.edu Web: <http://www.uwsuper.edu/graduate>

To be completed by the Graduate Student Applicant:

Date	SS/SID#	Check Desired Program <input type="checkbox"/> Counseling <input type="checkbox"/> School Counseling
Name		
Present Address:		Phone
Person Supplying Reference	Name and Title	

Authorization for Waiver: This waiver is not required as a condition of admission to Graduate Studies at the University of Wisconsin-Superior.

I understand my right under the US Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file on or after January 1, 1975 that are submitted with reference to admission to a graduate or other school.

I do () do not () waive my right to review this reference report

Date

Signature of Applicant

To be Completed by the Evaluator:

Please complete this reference report and return it to the Graduate Studies Office at the above address.

How long and in what capacities have you known the applicant? _____

In the space below, please give comments that will provide information on the applicant in terms of talents, abilities, potential, skill in organizing and communicating ideas, seriousness, maturity and stability in the face of prolonged and difficult work, explanation of differences between your opinions and the applicant's test scores, record, etc.

