The University of Tennessee Space Institute

Letter of Reference Form for Graduate Research Assistantship or Fellowship

I. APPLICANT

a. Reference for: _____

last first middle

b. I hereby : ☐ waive

☐ do not waive the right to examine this evaluation

applicant signature _____ date _____

c. Send this form to persons knowledgeable of you and your academic record, along with a stamped envelope addressed to:

ADMISSIONS OFFICE, MS 19
THE UNIVERSITY OF TENNESSEE SPACE INSTITUTE
TULLAHOMA, TN 37388-9700

II. REFERENCE

a. Please rate the above applicant relative to all your students. (Note I.b., above)

Applicant's	top 10%	top 25%	top 50%	bottom 50%	N/A
Intellectual Ability					
Initiative					
Originality/Creativity					
Reliability					
Communication					

b. Please comment on your assessment of applicant's ability to perform graduate studies and independent research.

Name:	Signature:
Title:	Date:
Organization:	Phone:
Address:	