



Genetics Area Program

REFERENCE FORM

The University of Missouri-Columbia
is an equal opportunity institution.

Instructions to the applicant: Complete lines 1-4. Please print clearly. You **may** sign line 5 if you wish to waive your right of access to this letter. This is **OPTIONAL**. Give this form to a person well acquainted with you and your academic abilities. **Do not write below the double line.**

1.	Last name:	First name:	Middle name:
2.	Area(s) of primary interest:		
3.	Area of undergraduate emphasis:		
4.	Current area of graduate emphasis (if applicable):		
5.	OPTIONAL. Your signature here waives your rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.		date:

Instructions to the writer: Please complete lines 6-11 below **and** state in a separate letter on official letterhead your opinion of the applicant's **1** ability to carry on advanced study and research, **2** teaching potential, and **3** capacity to pursue a successful career while taking into consideration her or his professional goals. If the applicant has signed line five above, the confidentiality of this letter of reference is assured.

6.	Last name:	First name:	Middle name:
7.	Position:	Institution:	
8.	Mailing address:		
9.	E-mail address:		
10.	Ranking: Among approximately _____ students I have known in this field in recent years, I would rank this applicant in the upper _____ percent.		
11.	Signature:		date:

Mail to: Genetics Program, 105b Bond Life Sciences Center, University of Missouri, Columbia, MO 65211.
Or fax to: 573/884-9676. If you have any questions, call 573/882-2816.

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