

## THE UNIVERSITY OF TEXAS AT AUSTIN • Request for Reference

This form is important in the evaluation of the applicant for admission and can be used in support of application for a financial award (graduate fellowships and assistantships).

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

PLEASE FILL IN THIS FORM COMPLETELY BY TYPING OR USING A MEDIUM POINT, BLACK INK PEN.

APPLICANT INFORMATION:					DATE OF BIRTH:
Last Name	First Na	me	Middle Name		Month Day Year
UT EID or Application ID Number (if y		RADUATE MAJOR:			
Master in Professi		rofessional Accounting	ional Accounting   B   0   1   1   0   0   Graduate major code		
OPTIONAL: I hereby waive my right o	f access to the material recorded	below.			
Signature			Date		
spondent completes the botto	m section of this form.				
the applicant's motivation and	capacity for research or for eapplicant's previous work	or acquiring professional skill, the and of his or her character or p	ne applicant's promise	for a career in prod	ne applicant's intellectual ability, ductive scholarship and effective rative assessment, the boxes
I WOULD COMPARE THE APP	LICANT WITH OTHER STU	DENTS OF THE SAME LEVEL AS	FOLLOWS:		
	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVER	RAGE NO INFORMATION
Intellectual Ability					
Writing Ability					
Speaking Ability					
Academic Preparation					
Motivation					
Maturity					
Teaching Ability					
I have known this applicant for _	vears.				
During this time, the applicant wa		_ v	assistant of mine	e  advisee of n	nine
In summary, my recommendatio explain below)	n for this applicant is: U ve	ery strong strong av	erage	rage recommen	ndation with reservation (please
RESPONDENT INFORMATION (Plea	ese type or print).				
SHELTI IN ONWINTION (FIE	acc type or printy.				
Nar	me	Place o	f Employment	Title	

Date

E-Mail Address

Signature