



# SCHOOL OF INFORMATICS

INDIANA UNIVERSITY

## Graduate Program Reference Form

Applicant's Name \_\_\_\_\_

Degree Applied For:

- Master of Science in Bioinformatics
- Master of Science in Health Informatics
- Master of Science in Human Computer Interaction
- Master of Science in Media Arts & Science
- Master of Science in Chemical Informatics (*no longer accepting applications for '07-'08 academic year*)
  - Laboratory Informatics concentration*
- Ph.D. in Informatics
  - Bioinformatics concentration*
  - Health Informatics concentration*

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing the right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; *no signature means the student will have the right to read this reference.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The person whose name appears above is applying for admission to a master's or doctoral program in the School of Informatics.

Please assist us by providing a description of the applicant's qualifications for graduate study. Please include an assessment of how this applicant compares to others whom you have taught or with whom you have worked, the applicant's talents or strengths, and any weaknesses that could affect performance in graduate school.

1. Detailed comments (a separate letter may be attached if you prefer):



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2. Please appraise the applicant in terms of the qualities listed below:

	Exceptional (Top 2%)	Outstanding (Top 10%)	Good (Top 25%)	Average (Top 50%)	Below Average (Bottom 50%)	Insufficient Information
Intellectual ability						
Analytical ability						
Organizational skills						
Communication skills						
Quantitative skills						
Ability to solve complex problems						
Creativity and initiative						
Maturity compared to peers						
Persistence/drive						

3. In what capacity, and how long have you known this applicant? \_\_\_\_\_  
\_\_\_\_\_

4. Do you recommend that this applicant be admitted to the master's/doctoral degree program at the School of Informatics?

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend

Your Name (please print or type) \_\_\_\_\_

Position / Job Title \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_