



MASTER OF EDUCATION

Check one: Elementary Education Learning Disabilities Behavioral and Emotional Disabilities
REFERENCE ASSESSMENT

To the applicant: Fill out the top of this form. Give your reference this form with a stamped envelope addressed to us.

Name of applicant _____

I waive my right to view this completed form. Yes No

Signature of applicant _____

To the reference: Please discuss this applicant's (1) ability to do graduate-level work, (2) ability to work independently as well as with a group, (3) motivation, (4) written and oral skills, and (5) social skills. Use additional pages if necessary.

Signature Date

Printed Name _____

In what capacity and how long have you been acquainted with the applicant? _____

Please return to: Greensboro College, Office of Adult Education, 815 West Market Street, Greensboro, NC 27401