



DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY

SCHOOL OF GRADUATE STUDIES
 LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
 SHREVEPORT, LOUISIANA

Reference Letter

TO THE APPLICANT: Please fill out the upper portion of this form and give it to a person familiar with your academic record and with your career plans. Provide a stamped envelope, addressed to Dennis J. O'Callaghan, Professor and Head, Department of Microbiology and Immunology, LSU Health Sciences Center, 1501 Kings Highway, Shreveport, LA 71130-3932.

Applicant Name: _____
(Last) (First) (Middle)

Present Address _____

College or University _____

Major _____ Concentration within Major _____

Expected date of entry into the Department of Microbiology and Immunology at LSUHSC _____

The Family Education Rights and Privacy Act of 1974, effective January 1, 1973, provides that an applicant admitted to and enrolled in LSU School of Graduate Studies is entitled to review his/her record on file in the Graduate Office. If an applicant wishes personal appraisals to LSU School of Graduate Studies to be submitted on a confidential basis, this right of access may be waived. While confidential appraisals are no longer required of applicants, you may wish this form to remain confidential. If so, please sign below.

I waive my right to review this reference letter.

Applicant Signature _____ Date _____

TO THE RATER: The applicant named above is making application to the Department of Microbiology and Immunology in the School of Graduate Studies, LSU Health Sciences Center - Shreveport, and has asked that you rate his/her ability, background, and personality. Your cooperation in making these ratings will assist us in evaluating the applicant. Please mail the completed form in the attached, addressed envelope. If the applicant has not waived his/her right to review this rating sheet, you should consider the rating sheet as non-confidential. Your attention is directed to the applicant's signature and intention above.

- How long have you known the applicant and in what capacity? (Give dates, if possible.) _____

- Please rate the applicant in each area listed below in comparison to others you have known:

	No Basis to Judge	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%
Intellectual Ability/Curiosity						
Ability to Express Self Orally						
Ability to Express Self in Writing						
Motivation/Perseverance						
Ability to Work with Others						
Emotional Maturity and Stability						
Dependability						
Initiative						
Flexibility/Creativity						
Open Mindedness						
Ability to Reason						
Overall Potential						

(Please see reverse)

3. (For teachers of applicants only) I would rank this applicant in the top _____% of approximately _____ undergraduate or graduate students I have taught in _____ years.

4. Estimate of Potential:

	Outstanding	Above Average	Average	Below Average
as Researcher				
as Master's Candidate				
as Doctoral Candidate				

5. Recommendation concerning admission (check one):

- I recommend the applicant without reservation.
- I recommend the applicant with confidence.
- I recommend the applicant with reservation. (Please explain in Item #6.)
- I do not recommend the applicant. (Please explain in Item #6.)

6. Please give your best assessment of the applicant's chances for success in graduate school. Include any particular strengths which he/she possesses, as well as any weaknesses. We appreciate your candid appraisal.

Signature: _____

Date: _____

Institution: _____

Name: _____

Position: _____

Phone: _____