

**Department of Agricultural Economics and Agribusiness
University of Arkansas, Fayetteville AR USA**

M.S. in Agricultural Economics

LETTER OF REFERENCE
FOR
ADMISSION AND FINANCIAL SUPPORT

TO THE APPLICANT: PLEASE PROVIDE THE FOLLOWING INFORMATION.

Name (printed): _____
Last (Family) First Middle Initial

Degree Program and Financial Support to be Pursued: M.S. Thesis, Research Assistantship (RA)
M.S. Non-Thesis, Teaching Assistantship (TA)

Under the federal Education Rights and Privacy Act of 1974, students have the right to review their records as compiled by the Department and this includes the right to review this letter of reference. You have the option of waiving this right to review this letter of reference. Please check the option below to indicate your preference about waiving this right.

I waive my right to review this Letter of Reference.

I do not waive my right to review this Letter of Reference.

Applicant's Signature: _____ Date: _____

TO THE PERSON COMPLETING THIS FORM: PLEASE PROVIDE THE INFORMATION REQUESTED BELOW.

1. I have known the applicant for _____ years in the capacity of (check all applicable):

Student in Class(es) Advisee Employee Other _____

2. Please rate the applicant with respect to the following characteristics for other persons you have known at a comparable level of training and experience. Check one item in each row.

Characteristic	Exceptional Upper 5%	Very Good Upper 15%	Above Average Upper 30%	Average Upper 60%	Below Average Lower 60%	No Basis for Opinion
Intellectual Ability						
Motivation for Degree						
Oral Expression Skills						
Written Expression Skills						
Promise as a Researcher						
Promise as a Teacher						
Maturity						
Dependability						

Note: This form is required for assistantship applicants and optional for applicants seeking admission only.

3. In the space below (or on an attached sheet of paper), please assess the applicant's strong and weak points as a potential graduate student and/or professional. Do you think the applicant will be successful in the M.S. program at the University of Arkansas? Would the applicant be accepted into your program and funded?

4. Respondent's Signature: _____ Date: _____
Type or Print Name: _____ Title or Position: _____
Institution and Address: _____
Telephone: _____ Email: _____

5. Please print and return this form to:

Graduate Program Coordinator
University of Arkansas
Department of Agricultural Economics and Agribusiness
217 Agriculture Building
Fayetteville AR 72701 USA