



Genetics Area Program

REFERENCE FORM

The University of Missouri is an equal opportunity institution.

Instructions to the applicant: Complete lines 1-4. Please print clearly. You **may** sign line 5 if you wish to waive your right of access to this letter. This is **OPTIONAL**. Give this form to a person well acquainted with you and your academic abilities. **Do not write below the double line.**

1.	<i>Last name:</i>	<i>First name:</i>	<i>Middle initial:</i>
2.	<i>Area(s) of primary interest:</i>		
3.	<i>Area of undergraduate emphasis:</i>		
4.	<i>Current area of graduate emphasis (if applicable):</i>		
5.	<i>OPTIONAL. Your signature here waives your rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.</i>		date:

Instructions to the writer: Please complete lines 6-11 below **and** state in a separate letter on official letterhead your opinion of the applicant's **1** ability to carry on advanced study and research, **2** teaching potential, and **3** capacity to pursue a successful career while taking into consideration her or his professional goals. If the applicant has signed line five above, the confidentiality of this letter of reference is assured.

6.	<i>Last name:</i>	<i>First name:</i>	<i>Middle initial:</i>
7.	<i>Position:</i>	<i>Institution:</i>	
8.	<i>Mailing address:</i>		
9.	<i>E-mail address:</i>		
10.	<i>Ranking:</i> Among approximately _____ students I have known in this field in recent years, I would rank this applicant in the upper _____ percent.		
11.	<i>Signature:</i>		date:

Mail to: Genetics Area Program, University of Missouri, 150c Bond Life Sciences Center, Columbia, MO 65211-73100 — or fax to: 573-884-9395. Questions? Email GAP@missouri.edu or call 573-882-2816.

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