

**M.S. DEGREE PROGRAM IN AQUACULTURE/FISHERIES
LETTER OF RECOMMENDATION**

This section is to be completed by the applicant and then presented to the person acting as reference. After completion, the form should be forwarded by the reference directly to:

Graduate Program Coordinator
Department of Aquaculture and Fisheries
University of Arkansas at Pine Bluff
1200 North University Drive
Pine Bluff, AR 71601

Name of Applicant: _____

I waive my right of access to the information recorded in this form (optional).

Name of Reference: _____

Applicant's Signature

A. How long have you known the applicant and in what capacity? _____

B. Please rate the applicant regarding the following characteristics:

Characteristic	Outstanding	Good	Average	Fair	Poor	Unknown
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Research Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. On the reverse side, briefly comment on the applicant's strengths and weaknesses or other information that may be pertinent to the evaluation of this candidate.

Signature

Date

Phone

Current Title

Current Employer