



DEPARTMENT OF SOCIOLOGY
COLLEGE OF ARTS AND SCIENCES

Department of Sociology
P.O. Box 5020
Atlanta, Georgia 30302-5020

REQUEST FOR CONFIDENTIAL LETTER OF REFERENCE

LAST NAME	FIRST NAME	MIDDLE NAME
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Applicant's Statement Concerning Right of Access to Confidential Reference

- I hereby freely and voluntarily *waive my right* to any information contained in this reference.
- I *do not waive my right* to any information contained in this reference.

Student Signature

Date

FOR FACULTY USE ONLY

The individual listed above has given your name as a reference for participation in the sociology department's internship program. Your assessment of the applicant will assist the department in making a decision concerning entry into the program. This form is provided for your convenience; please complete numbers 1 and 2. Use of the form is optional. You may provide the equivalent information in letter form if you prefer; however, you must return the form in the sealed envelope with your letter, because the form contains the waiver statement.

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

2. Please rate the applicant relative to students you have taught:

	Top 2%	Top 5%	Top 10%	Top 25%	Top 50%	N/A
Academic Performance						
Intellectual Ability						
Maturity						
Written Communication						
Oral Communication						
Analytical Ability						
Initiative						

Please feel free to attach additional comments on the back of this form.

Faculty Signature

Date