



New Mexico State University – Department of Astronomy

Please return to:

*NMSU Box 30001, Dept.4500, Las Cruces, NM 88003*



**LETTER OF REFERENCE IN SUPPORT OF:**

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First

MI

Last

who is applying to the New Mexico State University Graduate School for admission and financial aid to study in the Department of Astronomy.

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Rate the applicant on a scale from 1 to 5 on items A through I below, in comparison with other graduate school applicants whom you have known. Base your ratings on the level of accomplishment you have come to expect from the applicant. (Ratings: 1=truly outstanding [top 10%]; 2=superior; 3=above average; 4=average; 5=below average; x=inadequate knowledge to rate)

- |  |  |
|--|--|
| <input type="checkbox"/> A. Intellectual ability                                       | <input type="checkbox"/> E. Ability in written expression    |
| <input type="checkbox"/> B. Mastery of fundamental knowledge<br>in their general field | <input type="checkbox"/> F. Ability in oral expression       |
| <input type="checkbox"/> C. Motivation and drive                                       | <input type="checkbox"/> G. Adequacy of ability for research |
| <input type="checkbox"/> D. Scholarship  | <input type="checkbox"/> H. Emotional maturity and stability |
|  | <input type="checkbox"/> I. Self-reliance and independence   |

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On an attached page, or on the back of this form, please discuss the capabilities of the applicant. We are particularly interested in their ability to pursue graduate study, to perform research, and to serve as a teaching assistant. Comparisons to previous applicants to our program with whom you are familiar are particularly useful, as is an indication of rank relative to other graduate school applicants at your institution. If your department has a graduate program, please discuss whether or not you consider the applicant to be an acceptable candidate for it. If the candidate is not a native speaker of English, please indicate their degree of proficiency in English.

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I have been acquainted with this applicant from \_\_\_\_\_ to \_\_\_\_\_,  
as a \_\_\_\_\_ (teacher, supervisor, etc.).

NAME (print) \_\_\_\_\_ POSITION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_