

International Programme in Addiction Studies Reference Form

Section I (To be completed by applicant)

The following information should correspond exactly to the information submitted on your application.
Please refer to the instructions for application to the Master of Science in Addiction Studies found at :
<http://www.adelaide.edu.au/addiction>

Name _____
last first middle other last name(s)

Program for which you are applying (Complete these items exactly as you have completed them on your application.)

Addiction Studies Master of Science
curriculum degree

Semester and year of entry August 2008 August 2009 August 2010

Name of recommender _____

For U.S. Applicants Only:

Social Security number (Leave blank if you do not have a U.S. SSN) _____ - _____ - _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their rights of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

I waive my rights to inspect the contents of this reference. I do not waive my rights to inspect the contents of this reference.

signature date signature date

Section II (To be completed by recommender)

We will value your comments on the suitability of this applicant to do graduate work and will hold your comments in confidence if the applicant has signed the above waiver.

How long and in what capacities have you known the applicant?

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and formulate a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in applicant's general field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use space on the back of this form to elaborate on the applicant's qualifications.

