## UH Downtown College of Sciences & Technology

## Graduate Certificate in Data Analytics Applicant Reference Form

**TO THE APPLICANT:** Complete *Section I* below and forward this Graduate Certificate in Data Analytics applicant reference form to the individual (evaluator) who will provide the reference. Please advise the evaluator to submit the completed this form in .pdf file format to gradadmissions@uhd.edu. Upon receipt the applicant reference form becomes the property of UHD and will not be returned. In addition, UHD reserves the right to verify all applicant reference forms with the evaluator.

**TO THE EVALUATOR:** Complete *Section II* and email the completed Graduate Certificate in Data Analytics applicant reference form from your email account in .pdf file format to <u>gradadmissions@uhd.edu</u>. If you need to use additional pages submit them in .pdf file format with the applicant reference form. Your candid completion of this applicant reference form is greatly appreciated. You can be assured that this reference form is completely confidential and will not be shared with the applicant, provided the applicant has waived their rights to review it.

SECTION I (to be complete	d by the Graduate Certificate in	Data Analyt	ics applicant)
Name:	-		Date of Birth/
Last	First	MI	Month/ Day
Current Address			

ALL Graduate Certificate in Data Analytics APPLICANTS MUST READ AND SIGN THIS AUTHORIZATION FOR WAIVER\*: I understand my right under the U. S. Family Educational Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to admission to a graduate or other school.

I \_\_ do \_\_ do not (you must check one) waive my right to review this Graduate Certificate in Data Analytics applicant reference form. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agreeing to waive your right to review this applicant reference form is not required as a condition of admission to the UHD Graduate Certificate in Data Analytics program.

## SECTION II

Name of evaluator \_\_\_\_\_\_ The length of time you have known the applicant: \_\_\_\_ Years The capacity in which you have known the applicant (check all that apply): \_\_\_ Employer / Supervisor \_\_\_ Professor \_\_\_ Other (please specify) \_\_\_\_\_. What was the nature of the applicant's duties (briefly describe)?

With whom are you comparing this applicant on the factors listed below (check only one)?

- \_ Employees I know with similar duties and education;
- \_ All persons reporting to me

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Graduate Certificate in Data Analytics Applicant Reference Form 06/2020 Please evaluate the applicant, in comparison with the group identified above, as fairly as you can, by checking only one box on each of the characteristics listed below:

	Тор 5%	Тор 10%	Top 25%	Тор 50%	Bottom 50%	Unable to Judge
Creativity Intellectual ability Maturity/emotional stability						
Teamwork ability						
Demonstrated leadership skills						
Leadership potential Writing ability						
Oral communication ability						
Critical thinking ability						
Acceptance of feedback						
Motivation to succeed						
Integrity						

What do you consider to be the applicant's major strengths?

In what area(s) does the applicant need further development?

SUMMARY EVALUATION (check only one):

\_ I **strongly recommend** this person for admission to the UHD Graduate Certificate in Data Analytics program and believe they have the capacity to perform at a superior level.

\_ I **recommend** this person for admission to the UHD Graduate Certificate in Data Analytics program and believe they have the capacity to perform at a superior level.

\_\_I believe this person's qualifications for the Graduate Certificate in Data Analytics program are **marginal** but they may have the potential to benefit from the Graduate Certificate in Data Analytics. \_\_I **do not recommend** this person for admission to your Graduate Certificate in Data Analytics program.

Evaluator's signature \_\_\_\_\_ Date: \_\_\_\_\_

The College of Science & Technology realizes providing a reference requires time and effort. We would like to take this opportunity to thank you for your assistance. Please complete the following contact information:

Name	Position
Company:	
Work Address:	
Telephone:	
Email Address:	

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