



Gaylord College of Journalism and Mass Communication
The University of Oklahoma

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www.ou.edu/gaylord

Deadline: February 1st

Form B

REFERENCE FOR GRADUATE ASSISTANT/SCHOLARSHIP APPLICANT

Applicant Name: Last First Middle

has applied for a graduate assistantship in the College of Journalism and Mass Communication at The University of Oklahoma. The applicant has given your name as a reference. Will you please complete this form and email it directly to the address above at your earliest convenience? Note the provisions of confidentiality that have or have not been waived as indicated by the presence or absence of the applicant's signature in the block adjacent to this information.

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her right to inspect letters of recommendation. The applicant's signature below constitutes a waiver signifying that the recommendation will remain CONFIDENTIAL. No signature means the applicant will have the right to read this information.

Applicant's Signature Date

Listed below are some skills related to professional mass communication work. Please evaluate the applicant in relation to each of these skill areas:

Table with 7 columns: Skill Area, Excellent, Above Avg., Average, Below Avg., Poor, Not Observed. Rows include Writing, Editing, Layout, Photography (still), Photography (motion), Design, Broadcast Production, Broadcast Direction, Typography, Exercises sound, professional judgment, and Other.

1. Listed below are some skills related to research. Please evaluate the applicant in relation to each of these skill areas:

	Excellent	Above Avg.	Average	Below Avg.	Poor	Not Observed
Research Methodology						
Computer Analysis						
Statistics						
Research Evaluation/ Applications						
Other:						

2. Listed below are some skills related to computer. Please evaluate the applicant in relation to each of these skill areas:

	Excellent	Above Avg.	Average	Below Avg.	Poor	Not Observed
Photoshop						
Illustrator						
Final Cut Pro						
iMovie						
Other:						

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

*(OU or other)*

Official Position/Title: \_\_\_\_\_

City and State: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*(E-signature Acceptable)*

Phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_