MISSOURI WESTERN STATE UNIVERSITY

THE GRADUATE SCHOOL – REFERENCE FORM

APPLICANT:
Please complete the first part of this form, and then give to a current or former employer or individual professionally acquainted with you or familiar with your academic competencies and goals to complete the remainder of the form. Have your reference mail this form directly to the Graduate School, Popplewell Hall, MWSU, 4525 Downs Drive, St. Joseph, MO 64507.

Applicant's Name (Please print): _____

Applicant Disclaimer:
The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student's access to education records concerning them. Students are also permitted to waive their rights to access to references. The following signed statement indicates my intent regarding this reference:
I waive _____ I do not waive _____ my right to see this reference or any supplemental notes or letters pertaining to it.

_____ _____
Signature of Applicant Date

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