



SUMMER OF APPLIED GEOPHYSICAL EXPERIENCE (SAGE)

Reference Form

Name of Referee _____ Institution _____

Job Title _____ Department _____

E-mail _____ Phone _____

SAGE applicant _____

1. Acquaintance with Applicant:

2. I have known the applicant for a period of years _____ and/or _____ months.

I have known the applicant as: an undergraduate _____, a research assistant _____, applicant's graduate advisor _____, a teaching assistant _____, other (specify) _____

3. I have served as the applicant's: research advisor _____, major advisor _____, department chair _____, instructor in several classes _____, instructor in only one class _____, other (specify) _____

4. APPLICANT'S SCHOLARLY CHARACTERISTICS: Please rate the applicant in comparison with other students whom you have known in similar stages of their academic careers:

	Truly Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Knowledge in chosen field							
Motivation and perseverance toward educational goals							
Ability to work independently							
Ability to work as a member of a research team							
Ability to plan and conduct research							
Ability in oral expression							
Ability in written expression							
Imagination and creativity							

5. APPLICANT'S OVERALL SCIENTIFIC ABILITY: Please indicate the strength of your overall recommendation of the applicant for the SAGE program by placing a single check mark in one of the boxes:

Truly Exceptional 1	Outstanding 2	Excellent 3	Very Good 4	Satisfactory 5	Below Average 6	No Basis for Judgment 7

6. OPTIONAL: Please add any specific comments regarding the applicant's suitability and limitations for the SAGE program; attach separate sheet(s); or attach a letter of reference.

7. Signature of Referee _____ **Date** _____

Please send completed and signed form (MS Word docx or pdf) to:

summerofappliedgeophysics@gmail.com