



# NPIHP

## Asia-Pacific Nuclear History Institute Confidential Applicant Reference Form

To be completed by a teacher under whom the applicant has studied, or by someone who has supervised the applicant in a work setting. This form must be typewritten in English. Return completed form directly to [NPIHP@wilsoncenter.org](mailto:NPIHP@wilsoncenter.org).

|   |   |
|---|---|
| 1. Name of Applicant (Last, First)        |   |
| 2. Name of Referee (Last, First)          |   |
| 3. Title of Referee                       |   |
| 4. Institution or Business                |   |
| 5. Referee Address                        | 6. Referee Phone Number                           |
|   | 7. Referee Email Address                          |
| 8. How long have you known the applicant? | 9. In what capacity have you known the applicant? |

In the below rating chart, please evaluate the applicant in comparison with other students whom you have known during your professional career.

|  | Exceptional | Above Average | Average | Below Average | No Knowledge |
|--|-------------|---------------|---------|---------------|--------------|
| Intellectual Ability                                   |             |               |         |               |              |
| Knowledge of Field                                     |             |               |         |               |              |
| Work Habits  |             |               |         |               |              |
| Motivation to Pursue Graduate Study                    |             |               |         |               |              |
| Potential for Significant Future Contribution in Field |             |               |         |               |              |
| Resourcefulness and Initiative                         |             |               |         |               |              |
| Leadership Qualities                                   |             |               |         |               |              |
| Teaching Potential                                     |             |               |         |               |              |

|                        |
|------------------------|
| <b>Applicant Name:</b> |
|------------------------|

In the space below, please include any other information about the applicant which may be useful to the selection committee.

|  |
|--|
|  |
|--|

I certify that this evaluation is true, complete, and correct to the best of my knowledge and belief, and is made in good faith.

|                            |                          |
|----------------------------|--------------------------|
| <b>Signature</b>           |                          |
| <b>Full name (printed)</b> | <b>Date (YYYY-MM-DD)</b> |

***Return this form directly to [NPIHP@wilsoncenter.org](mailto:NPIHP@wilsoncenter.org)***