



CONFIDENTIAL CREDENTIAL FILE

graduate student reference form

REFERENCE: _____ DATE: _____

CANDIDATE: _____ DEGREE & CURRICULUM: _____

DATE RECEIVED: _____

CONFIDENTIAL FORM:

I waive _____ the right of access to this Student Reference.

SIGNATURE: _____ DATE: _____

SIGNATURE: : _____

POSITION: _____ INSTITUTION: _____

(In compliance with current Federal Legislation on access to educational records.)

PLEASE RETURN IMMEDIATELY TO THE UNIVERSITY CAREER CENTER
BOX 7303, NCSU, RALEIGH, NC 27695-7303