University of Michigan
Research and Training Program
on Poverty and Public Policy
Gerald R. Ford School of Public Policy
1015 E. Huron Street
Ann Arbor, MI 48104-1689

Reference Form

Postmark Deadline: January 13, 2003

***Instructions for the applicant*: Please complete Part A and the top line of Part B of this form. Give the form to the referee with the envelope provided and ask him or her to complete Part B and return the form directly to the Michigan Program.**

PART A: TO BE COMPLETED BY THE APPLICANT

Name of applicant
Name, title, and affiliation of referee
In this space provide an abstract of your project.
To the applicant*: Under the Privacy Act of 1974, you have the right to inspect and review confidential letters and confidential materials. If you wish to waive the right to examine this reference, please sign the following statement:** ***I hereby waive my right to examine this evaluation and understand that its contents will not be shared with me.   ***Signature*_____ *Date*_____

ALL APPLICATION MATERIALS MUST BE POSTMARKED BY JANUARY 13, 2003.
Reference forms may be faxed to (734) 615-8047

Name of applicant	**Name of referee**

PART B: TO BE COMPLETED BY THE REFEREE

To the Referee: Return this form directly to the University of Michigan in the envelope provided. Please type the applicant's name and your name at the top of any additional sheet(s) that you attach to this form. Please type your reference. Handwritten references are often difficult to read and may therefore work against the applicant. The applicant has summarized his or her proposal on the other side of this form for your information.

This reference must be postmarked by January 13, 2003.

1. How long and in what capacity have you known the applicant?

2. After reading the abstract of the applicant's proposal on Part A (or preferably the applicant's entire proposal), please provide any information about the applicant's qualifications and long-term research potential that will assist the Program in its evaluation of the candidate and his or her proposed research.

3. Please provide any further information which may assist in the evaluation of this application.

Signature_____ **Date**_____

Office Address_____ **Telephone**_____