



Graduate Application Referral Form (Manual GAR Form)

GRADUATE ADMISSIONS

4202 East Fowler Avenue, BEH 304, Tampa Florida 33620-8470

TEL: (813) 974-8800 FAX: (813) 974-7343

www.admissions.usf.edu

University ID #: _____

Applicant's Name: _____
(Last Name, First Name)

Term of Entry	College	Degree	Major / Dept. / Conc.

Previous Institution	Degree	Hours	GPA

GRE Date	Verbal	Quantitative	Analytical Writing	GRE Total (V+Q)

GMAT Date	Verbal	Quantitative	Writing	GMAT Total

MCAT Date	Verbal	Physical Science	Writing Sample	Biological Science	MCAT Total

TOEFL Date	TOEFL Score

TSE Date	TSE Score

Lacks Minimum Requirements (DG)

Lack of Facilities/Faculty (DF)

Lack of Academic Prerequisites (DA)

Credentials Not Competitive (DN)

Specify Department Criteria Not Met (DD): _____

DEPARTMENT RECOMMENDATION	
Justification for 10% Exception OR Conditional: _____	
Department Signature & Date: _____	<input type="checkbox"/> Admit <input type="checkbox"/> Deny <input type="checkbox"/> Cancel

COLLEGE RECOMMENDATION	
Justification for 10% Exception OR Conditional: _____	
College Signature & Date: _____	<input type="checkbox"/> Admit <input type="checkbox"/> Deny <input type="checkbox"/> Cancel

GRADUATE SCHOOL RECOMMENDATION	
Justification for 10% Exception OR Conditional: _____	
Graduate School Signature & Date: _____	<input type="checkbox"/> Admit <input type="checkbox"/> Deny <input type="checkbox"/> Cancel