

MISSISSIPPI Board of Registration for Foresters
www.borf.ms.gov
P.O. Box 1884
Jackson, MS 39215-1884
(601)359-6107; foresters@msborf.ms.gov

MSU STUDENT REFERENCE FORM
(Form can be submitted to MSU Forestry Professors only)

Applicants Name: _____

The individual whose name is given above has applied to this Board for examination/registration to practice FORESTRY in the State of Mississippi and has given your name as a reference. Any person signing this statement will be expected to know the following regarding this applicant. *This Board is required by law to obtain evidence of the good character and qualifications of applicants for registration as FORESTERS. Statements by responsible persons with actual personal knowledge of the applicant's character and qualifications will be filed by the Board for consideration as evidence in such knowledge. 5/2020*

Are you a Registered Forester? _____ (Y/N) If yes, what state? _____ Reg. No. _____

I know this applicant. _____ (Y/N) My contact with applicant was as: _____

What is your opinion of the applicant's personal integrity and character? _____

The Board appreciates any additional or amplifying information regarding the applicant's forestry capabilities and/or limitations if any: _____

I certify that the above statements are correct to the best of my knowledge and this applicant meets all the requirements for becoming a Registered Forester in the State of MISSISSIPPI and upon graduation and passing the required examination; I would recommend that he/she be considered for registration.

Name: _____ Your Occupation: _____

Address: _____

Date: _____ Signature: _____