

PROSPECTIVE STUDENT REFERENCE FORM

Student Name _____
First Middle Last

Address _____
Number & Street Apartment/Unit

_____ City State Zip/Postal Code

If you become a student at Regis University, the Educational Rights and Privacy Act of 1974 will apply to you. This Act will afford you the right of access to your educational records only after entering the program. Please check the appropriate box below indicating whether you waive/do not waive your right to access this recommendation evaluation.

- I hereby waive my right of access to this recommendation evaluation,
- I do not waive my right of access to this recommendation evaluation.

Signature _____

For the Recommender:

Name _____
First Middle Last

Position/Title _____

Organization _____ Phone Number _____

Email Address _____

- Select which of the following best describes the relationship you have with the applicant. Current supervisor
- Former supervisor
 - College faculty/instructor/dean
 - Current professional colleague (not supervisory to applicant)
 - Former professional colleague (not supervisory to applicant)
 - Other

How long have you known this applicant? 0-6 months 6 months-1 year Longer than 1 year
 Longer than 2 years

May we contact you regarding this applicant? Yes No

Continued on next page

Student Name _____

Please rate the below areas for this candidate by checking one box for each category:

	Excellent Top 5%	Above Average Top 10%	Average Top 40%	Below Average Top 60%	Unable to Judge	Not Applicable
Communication Skills						
Interpersonal Relations						
Professionalism						
Critical Thinking						
Leadership or Leadership Potential						
Resourcefulness						
Flexibility/Adaptability						
Self-Initiative						

What do you consider to be the applicant's primary strengths?

What do you consider to be the applicant's primary areas for development/growth?

Please make any additional comments about the applicant's potential as a student at Regis University.

Please indicate your overall recommendation of this applicant for admission.

Highly Recommend Recommend Recommend with Reservation Not Recommend

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Student Name _____

For health care and counseling applicants, you are not required to answer the next two questions. For MFA (Master of Fine Arts) candidates only, please complete this section as well as the section above.

How would you assess the quality of this applicant's writing?

How do you think this applicant will perform in a graduate writing program?