Character Reference Form

Part I

To the Applicant: Complete Part I of this Reference Form and then give it to a professional colleague for completion. After completing this form, your colleague should mail it directly to the T. Walter Brashier Graduate School of North Greenville University in a pre-addressed envelope provided by you.

Name of Applicant ________________________________________________________________________________________________________
Address_________________________________________________________________________________________________________________
City _____________________________________________________________________________ State ___________ Zip___________________

Notice: PUBLIC LAW 93-380, the Family Education Rights and Privacy Act of 1974, grants all students the right to inspect and review all of their official records. This right extends to letters of recommendation, except that a student may waive this right to inspect and review letters of recommendation by signing a waiver.

I waive my right to review this reference form
Signature of Applicant ___________________________ Date ______________________

I do not waive my right to review this reference form
Signature of Applicant ___________________________ Date ______________________

Failure to sign either of the above indicates the applicant has not waived the right to review this reference form.

Part II

To The Employer: The person named above has applied for admission to T. Walter Brashier Graduate School of North Greenville University, giving your name as a reference to evaluate his or her academic potential. Please complete Parts II and III of this form and then mail it directly to the Graduate School Office in the pre-addressed envelope provided by the applicant. The Graduate School appreciates your candid evaluation of this applicant. Thank you for taking the time to assist in the application process.

Please rate the applicant in each of the following areas by circling the appropriate answer:
(1=Unsatisfactory 2=Below average 3=Average 4=Above average 5=Exceptional N=No basis for judgment)

1. Intellect 1 2 3 4 5 N
2. Motivation / Initiative 1 2 3 4 5 N
3. Aptitude for problem solving 1 2 3 4 5 N
4. Leadership Ability 1 2 3 4 5 N
5. Cooperativeness 1 2 3 4 5 N
6. Creativity 1 2 3 4 5 N
7. Maturity 1 2 3 4 5 N
8. Interpersonal / Social Skills 1 2 3 4 5 N
9. Self-esteem 1 2 3 4 5 N
10. Emotional Stability 1 2 3 4 5 N
11. Verbal Communication Skills 1 2 3 4 5 N
12. Written Communication Skills 1 2 3 4 5 N
13. Career Potential 1 2 3 4 5 N
Part III
Please respond briefly to the questions below. Mark your recommendation, then complete the form with your contact information.

1) How long have you known the applicant, how well, and in what capacity?

2) What characteristics do you consider to be the talents and strengths of the applicant?

3) What characteristics do you consider to be the weaknesses of the applicant?

4) If the applicant is not a U.S. citizen or permanent resident, please state how well the applicant speaks and understands English. If the applicant does experience difficulty, please explain.

5) Please provide any additional comments that you believe would be helpful in assessing the applicant’s application.

6) Do you recommend this applicant?

___Highly Recommended  ___Recommended  ___Recommended with Reservation  ___Not Recommended

Please explain your reservation:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Print Name and Title______________________________________________________________

Signature _______________________________________________________________________

Date_________________________

Organization / Institution _________________________________________

Phone (________) ___________________________

Address__________________________________________________________________

City __________________________________ State _______ Zip______________

Signature of Reference                                                                                     Date

(Please mail completed form to the address shown at the top of page one.)