

GEORGE FOX UNIVERSITY

Professional Reference Form

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This form is to be filled out by an individual who can attest to your professional work. It should not be completed by a member of your immediate family. This form should be returned directly from the person completing the reference.

Section A: To be completed by applicant upon application to the major

Applicant's name (please print) _____

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the people from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form.

SIGNATURE

DATE

I do not waive my right to examine this form. I authorize the person completing this form to provide a candid evaluation.

SIGNATURE

DATE

Section B: To be completed by reference

1. How long have you known the applicant? How well? In what capacity?
2. What evidence have you observed of the applicant's leadership skills and abilities?
3. Do you believe this individual has an inquiring mind?
4. Has the applicant demonstrated skill in interpersonal communication? What is the person's influence on others?
5. Describe the applicant's capability to initiate a task and bring the task to completion.

6. How do you evaluate this person's character, ethics, and/or relationships, given your perception of requirements for a professional?

7. As an aid to our evaluation of the applicant, we would appreciate any additional information you can provide regarding specific strengths and weaknesses of the applicant.

8. Please indicate your rating of this person on the following:

EMOTIONAL/PERSONALITY RATINGS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	TRULY OUTSTANDING	UNABLE TO JUDGE
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative, innovative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for objective self evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness and tolerance of difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to receive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to produce effective solutions to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to fit within an academic environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In consideration of the applicant's suitability for study and overall potential for success in an academic program, please check one of the following: I recommend I recommend with reservation I do not recommend

Name (please print) _____
FIRST MIDDLE LAST

Address _____
CITY STATE ZIP

Daytime phone _____ Position Title _____

SIGNATURE

DATE

Please return this reference form to:

Oregon Students

Office of Graduate and Adult Degree Program Admissions
 George Fox University
 12753 S.W. 68th Ave.
 Portland, OR 97223
 503-554-6165 • 888-888-0178
 Fax 503-554-6111

Idaho Students

Office of Graduate and Adult Degree Program Admissions
 George Fox University
 1810 S. Eagle Road
 Meridian, ID 83642
 208-639-8526 • 800-749-4369
 Fax 208-375-3564