Applicant's Name _____________________________

Applying For (circle all that apply):

RA-Residence Hall       RA-Suite       RA-Apartment       RA-House       AAC
Peer Advisor     Orientation Committee     Orientation Coordinator

CONFIDENTIAL REFERENCE FORM

Please return this form to the Student Life Office (Box # 6148) in a sealed envelope. Thank you.

__________________________________________________________________________________________

Please print responses to questions:

How long have you known the candidate?

Comment briefly on the depth of your relationship to the candidate.

Please comment on the student's strengths:

Describe how you have seen the student interact with others in a group setting:

(over)
Please comment on the student's weaknesses:

Based on your observations how willing is the candidate to receive and change behavior based on instruction/feedback?

I would strongly recommend this candidate: ________

I would recommend this candidate: ________

I would recommend this candidate with some reservations: ________

I would not recommend this candidate: ________

Submitted by:

Signature of evaluator: ___________________________ Date: _____________

Printed name of evaluator: ___________________________

Relationship to applicant: ___________________________