

**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 \_\_\_\_\_

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**For the Recommender:**

Name \_\_\_\_\_  
First Middle Last

Position/Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Are you currently the employer or supervisor of the person requesting this recommendation?  Yes  No

Indicate the capacity in which you have been associated with the applicant.  Professional/Employer  
 Academic environment

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
<b>Communication Skills</b>						
<b>Interpersonal Relations</b>						
<b>Professionalism</b>						
<b>Critical Thinking</b>						
<b>Leadership or Leadership Potential</b>						
<b>Resourcefulness</b>						
<b>Flexibility/Adaptability</b>						
<b>Self-Initiative</b>						

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?