

Reference Request Form



UNIVERSITY of
SAINT FRANCIS™

2701 Spring Street
Fort Wayne, Indiana 46808

The below named applicant is a candidate for admission to University of Saint Francis and has given your name as a reference. On this evaluation form, please give your personal estimate of the applicant's potential for success in a health career curriculum. Your prompt return of the completed form will aid in the processing of the application.

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Note: Federal law permits students to review all information in their files. Because of the confidential nature of the questions on this evaluation and because we wish the individual completing the form to feel free to be completely honest in his/her evaluation, we are giving you the opportunity to waive your right to inspect his/her document. If you so elect, please sign below.

I understand that by entering this agreement I am waiving any right of inspection or review of this evaluation which may have been granted under the terms of the Family Education Rights and Privacy Act of 1974.

Applicant's Signature _____ Date _____

University of Saint Francis does not discriminate on the basis of gender, race, age, handicap, national origin or creed in the administration of any of its policies.

Please return this form directly to:

Office of Admissions
University of Saint Francis
2701 Spring Street
Fort Wayne, Indiana 46808

REFERENCE INFORMATION

The person named on the opposite side of this form is a candidate for admission to University of Saint Francis. Your candid reference for the applicant will help us in our review of their application file. Please respond to the best of your knowledge.

1. What is the nature of your relationship to the applicant? _____
2. During what period have you known the applicant? From _____ To _____
3. In what capacity have you known the applicant? _____

Evaluation of Applicant's Performance and Potential

Qualities	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Observed
Shows concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects individual differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates effective communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts positively with other individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains poise and control in stress situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays a positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Write any comments or suggestions on the applicant (such as motivation, unusual circumstances, desire to attend college, unusual strengths, potential difficulties, etc.).

5. Please check your recommendation for admission to University of Saint Francis.

Recommended with enthusiasm Recommended Not recommended

Please print name _____ Date _____

Signature _____ Title/position _____

Telephone number _____ Employer _____