

Name of Applicant \_\_\_\_\_

**SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE**

Please complete this form as accurate and honestly as possible. After you have completed this form, place the completed recommendation in an envelope, seal and sign your name across the seal of the envelope. Return this envelope to the applicant.

How well do you know this applicant?    Very Well    Fairly Well    Minimally    Unknown

How long have you known the applicant?

Identify the association you have had with the applicant. Check all that apply.    Instructor  
 Employer/Supervisor    Friend    Community Organization    Academic Advisor    Other

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

<b>Skill</b>	<b>Exceptional</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Able to Respond</b>
Decision-making ability					
Organizational skills					
Communication skills: Written/Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations.

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My recommendation is:    Highly recommend    Recommend    Do not recommend

Signature of Person Making Recommendation

Date

Printed Name

Business and Position (if applicable)

Address

Work Telephone Number

Home Telephone Number