

Graduate Certificate in Gerontology Reference Form

Applicant's Full Name: _____

Your relationship to applicant: _____

The above applicant has applied for admission to the Graduate Certificate in Gerontology Program. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential.

REFERENCE CHECKLIST ON APPLICANT FOR ADMISSION

The above applicant has applied for admission to the Graduate Certificate in Gerontology Program. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential.

Please place a check mark in the rating column appropriate to your assessment of the applicant.

	Excellent/ Exceptional	Above Average	Average	Below Average	No Opportunity to Observe
1. Attitude and Personality Mannerisms, dispositions, ability to work with people, confidence, acceptance of criticism					
2. Reliability and Character Dependability, willingness, honesty, moral character					
3. Personal Reflects a personal example of a healthy and productive lifestyle					
4. Work Habits and Industry Conscientiousness, follow through, resourcefulness, self-discipline, initiative					
5. Emotional Stability Reaction to stress, poise, control, inspiring confidence					
6. Capacity for Independent Thinking Leadership ability, creative thought, curiosity, active learning					
7. Judgment and Common Sense Ability and foresight in everyday decisions, expression of opinion, maturity					
8. Communication Skills Verbal, non-verbal, and written					

Do you feel that this individual's grades are an accurate assessment of his/her scholastic ability?
yes no If no, please explain below.

Please use this space to give us your overall impression of the applicant.

What are the applicant's overall strengths?

Any other comments you would like to add concerning this applicant

My overall impression and support for this applicant's application (please check one):

Strongly recommend Recommend Recommend with reservation Do not recommend

NAME

SIGNATURE

ADDRESS

CITY / STATE / ZIP

PHONE NUMBER

COMPANY NAME & TITLE

EMAIL

UPON COMPLETION OF THIS FORM, PLEASE PLACE IT IN AN ENVELOPE, SEAL IT, AND WRITE YOUR SIGNATURE ACROSS THE SEAL. IT IS TO BE RETURNED TO THE STUDENT FOR SUBMISSION WITH HIS/HER APPLICATION PACKET.