

Professional Reference Form

This portion to be completed by applicant.

PLEASE PRINT.

Name of Applicant: _____
FIRST MIDDLE LAST

Address: _____

Anticipated Degree Program: _____

NOTE: Choose a reference who is acquainted with your academic program and/or your professional experience. This form is to be filled out by someone who is not a member of your immediate family. To expedite, provide a postage paid envelope for the references.

Address to: **Graduate Admissions, Malone College, 515 25th Street NW, Canton, OH 44709**

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

1. I waive my right to examine this form.

Applicant's Signature: _____ Date: _____

2. I do not waive my right to examine this form.

Applicant's Signature: _____ Date: _____

This portion to be completed by reference.

The individual named above is applying for admission to a graduate program at Malone College. Please note the provisions of the Family Education Rights and Privacy Act above. Thank you for your part in this important phase of the application process.

1. How long have you known the applicant? _____

How well? Very well Rather well Casually Not well

In what capacity? _____

2. We would appreciate any comments that would help us to know this candidate: _____

3. In view of your knowledge of the applicant, how do you assess his or her abilities and character as compared to peers:

	NOT OBSERVED	BELOW AVERAGE		AVERAGE	ABOVE AVERAGE	
		1	2	3	4	5
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems and formulate solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for career advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for chosen profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I recommend this applicant for admission to graduate programs at Malone College:

- Highly recommend Recommend Recommend with reservations Do not recommend

5. PLEASE PRINT:

Your Name: _____
FIRST MIDDLE LAST

Position: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

E-mail address: _____

Signature: _____ Date: _____

Malone alumnus? Yes No

Please send this reference form to:

Graduate Admissions
 Malone College
 515 25th Street N.W.
 Canton, OH 44709-3897
 Phone: 330-471-8500 or 800-257-4723 (GRAD)
 Fax: 330-471-8343
 Email: grad@malone.edu
www.malone.edu/grad