



Professional Reference Form

Office Use/ Student ID # _____

CANDIDATE INFORMATION

This portion is to be completed by the candidate (PLEASE PRINT)

Name _____

Address _____

Number and Street

City State Zip County

Anticipated Degree Program: _____

NOTE: Choose a reference that is acquainted with your academic and/ or professional experience. This form is to be filled out by someone who is not a member of your immediate family.

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

I waive my right to examine this form.

Candidate Signature _____ Date: _____

I do not waive my right to examine this form.

Candidate Signature _____ Date: _____

THIS PORTION TO BE COMPLETED BY THE REFERENCE:

The above mentioned individual is applying for admission to a graduate program at Malone University. 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.

PLEASE PRINT

Name _____

Address _____

Number and Street

City State Zip County

Organization _____ Position _____

Day Phone (____) _____ Evening Phone (____) _____

Email _____ Malone Alumnus? Yes No

Signature _____ Date _____

THIS PORTION TO BE COMPLETED BY THE REFERENCE:

1. How long have you known the candidate?

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. Based on your knowledge of the candidate, how do you assess their abilities and character compared to peers?
(1 lowest, 5 highest)

Intellectual Ability	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to work with others	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Initiative	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Adaptability to change	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Maturity	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Interpersonal skills	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Self-confidence	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Self-discipline	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Oral communication skills	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Written communication skills	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Quality of work	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to analyze problems & formulate solutions	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Leadership skills	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Motivation for proposed program of study	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Potential for career advancement	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Aptitude for chosen profession	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. I recommend this candidate for admission to Malone University:

Highly Recommend Recommend Recommend with reservation Do not recommend

Send reference to:
The Office of Admissions
Graduate and Professional Studies
Malone University
2600 Cleveland Ave. NW
Canton, OH 44709
Fax: 330-471-8149
Email: gps@malone.edu