

**Reference Form For Application to the Graduate Certificate Program in Alcohol and Drug Abuse Studies**

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**For Student Use Only :**

First Name  Middle Initial  Last Name   
 WSU ID Number

**Student's Waiver Certificate**

You may voluntarily waive your right to have access to a specific Letter of Reference written about you in accordance with the Federal Family Education Rights and Privacy Act of 1974, by signing and dating this certificate. I waive, relinquish and disclaim all my rights to have access to the Letter of Reference described in this form.

Student Signature  Date

**For Evaluator Use Only**

Please complete and return to the above named applicant in a sealed business sized envelope with your name signed on the seal. Your candid assessment of the applicant named above will greatly assist the Admissions Committee. We encourage you to make comments which express, clarify and reinforce your opinions regarding this applicant's strengths and weaknesses. Typing is preferred but not required. Thank you for your assistance with this process.

**In what capacity do you know this applicant?**

Employee  Student  Volunteer  Other, specify

**How long have you known this applicant?** Years  Months

First Name  Middle Initial  Last Name

Address  City

State  ZIP/Postal Code  Phone Number

Fax Number

Agency or Organization

Title or Degree

E-mail Address

**Summary Evaluation :**

Using the chart below, please rate the applicant relative to other employees or students whom you have known in a similar capacity.

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>	<b>(Top 5%) Outstanding</b>	<b>No Basis For Judgment</b>
Academic Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tolerance of Individual Differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Analyze a Problem and Formulate a Solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for study of drug and alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern with Social Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence and Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please Indicate Overall Recommendation :**

- Highly recommend without reservation for admission     Recommend     Recommend with reservation     I do not recommend

By checking the box and typing your name into the Signature box, you are confirming that the above statements are true. You agree that by typing your name, that you are electronically signing this document.

Signature

Date (mm/dd/yyyy)