

Reference Form For Application to Graduate Certificate Program in Gerontology

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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.

	Below Average	Average	Above Average	Excellent	(Top 5%) Outstanding	No Basis For Judgment
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 in the field of Gerontology	<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

Signature : _____

Date : _____