## **REFERENCE REQUEST FORM**

The below named applicant is a candidate for admission to the University of Saint Francis and has given your name as a reference. On this evaluation form, please give your personal estimate of the applicant's potential for success at the university. Your prompt return of the completed form will aid in the processing of the application. After Application Completion:

Applicant's Name			
Address			
City	State	ZIP	

Note: Federal law permits students to review all information in their files. Because of the confidential nature of the questions on this evaluation and because we wish the individual completing the form to feel free to be completely honest in his/her evaluation, we are giving you the opportunity to waive your right to inspect his/her document. If you so elect, please sign below.

I understand that by entering this agreement I am waiving any right of inspection or review of this evaluation which may have been granted under the terms of the Family Education Rights and Privacy Act of 1974.

Applicant's Signature	Date	_
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The University of Saint Francis does not discriminate on the basis of gender, race, age, handicap, national origin or creed in the administration of any of its policies.

PLEASE	RETURN THIS FORM DIRECTLY TO:
	Office of Admissions
	University of Saint Francis
	2701 Spring Street
	Fort Wayne, IN 46808

Professional references should be from persons who know the applicant's performance and potential. References may include those from teachers, professors, counselors, coaches, employers or co-workers. References from family members or persons whose primary relationship with the applicant is that of friend are not recommended.

2701 Spring Street Fort Wayne, IN 46808 260-399-8000 800-729-4732 **sf.edu** 

The University of Saint Francis complies with all federal regulations prohibiting discrimination on the basis of race, religion, national origin, gender, age or disability in matters pertaining to admission, employment and access to programs.



## **REFERENCE INFORMATION**

The person named on the opposite side of this form is a candidate for admission to the University of Saint Francis. Your candid reference for the applicant will help us in our review of his/her application file. Please respond to the best of your knowledge.

- 1. What is the nature of your relationship to the applicant?
- 2. During what period have you known the applicant? From: \_\_\_ To:
- 3. In what capacity have you known the applicant?
- 4. Evaluation of Applicant's Performance and Potential

Qualities	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Observed
Shows concern for others						
Respects individual differences						
Demonstrates effective communication skills						
Interacts positively with other individuals						
Accepts responsibility for own actions						
Applies critical thinking skills						
Maintains poise and control in stress situations						
Displays a positive self-image						

- 5. Please check your recommendation for admission to the University of Saint Francis Recommended
  - Recommended with enthusiasm

Not recommended

Please Print Name	Date
Signature	
Title/Position	Employer
Telephone Number	

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