

# Degree Completion Programs

## Personal Reference

### PART I

**TO THE APPLICANT:** Please complete Part I, then have an individual in your workplace or academia who is qualified to evaluate your professional work or academic potential complete Parts II and III. **This reference must be completed by a person outside your family.**

Name of Applicant: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**NOTICE:** PUBLIC LAW 93-380, the Family Education Rights and Privacy Act of 1974, grants all students the right to inspect and review all of their official records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

I waive my right to review this reference form.  I do not waive my right to review this reference form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

No signature above indicates the applicant has not waived his/her right to review this reference form.

### PART II

**TO THE REFERENCE:** The person named above has applied for admission to one of the Degree Completion Programs of Cairn University and has given your name as a reference. Please complete Parts II and III of this form and return it to our office. Your candid evaluation of the applicant is appreciated. Thank you for taking the time to assist in the application process.

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_

Please give an evaluation of the applicant in each of the following areas by checking the appropriate box:

	UNSATISFACTORY	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL	NO BASIS FOR JUDGEMENT
Intellect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<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/Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal 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"/>
Career Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART III**

Please use the space below to provide any additional information that may be helpful in evaluating the qualifications of the applicant.

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**REFERENCE'S OFFICIAL RECOMMENDATION**

- I strongly recommend the applicant for admission.
- I recommend the applicant for admission.
- I do not recommend the applicant for admission.
- I recommend the applicant for admission with the following reservation: \_\_\_\_\_

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- I need to discuss this recommendation by phone.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please send me information on the Degree Completion Program offered at Cairn University.
- Please send me information on the Undergraduate Programs offered at Cairn University.
- Please send me information on the Graduate Programs offered at Cairn University.