



UNION UNIVERSITY

Department of Continuing Studies Reference Form

This section to be completed by applicant:

Name _____
(Last) (First) (Middle) (Maiden)

Address _____

Telephone No. (____) _____

I waive right of access to this reference; _____ or _____ I do not waive right of access to this reference.
 however, waiver is not required for admission into the Program.

Applicant's Signature

Applicant's Signature

This section to be completed by reference:

The above named applicant is applying for admission to Union University and has named you as a reference. After completing this form, please fold, tape and drop in any mail box.

Name _____

Company Name _____ Title _____

Address _____ City _____ State _____ Zip _____

1. How many years have you known the applicant? _____
 In what relationship? Supervisor Educator Work Associate Other _____

2. Rank the applicant in the following areas:

	Above Average	Average	Below Average	Not Observed
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Ability	<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"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you know of any area in which the applicant might need special attention from Union University?

5. Do you: Recommend Recommend with Reservation Not Recommend

6. Comments: _____

Do you want to discuss the applicant with us further? No Yes Phone No. (____) _____

Reference's Signature

Date

Fold Here

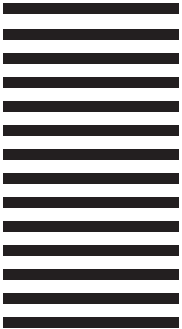
Fold Here



Dept. of Continuing Studies
Union University
1050 Union University Drive
JACKSON, TN 38305-9901

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