

Reference Form

This section to be completed by applicant

Name of Applicant _____
Last First Middle

Address _____
Street City State Zip

Your signature below waives your right of access to see this reference. You understand that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date _____

This section to be completed by reference

The above-named applicant is applying for admission to the Advance Degree Completion Program of John Brown University and has chosen you as a reference. After completing this form, fold, seal, and mail it to the Advance Office as soon as possible. Please provide your name, address, and title on the reverse side of this form.

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

2. Rank the applicant on the following areas:

	Above Average	Average	Below Average	Not Observed
Writing Ability	<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"/>
Peer Relations	<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 wherein the applicant might need special attention from John Brown University?

4. Do you recommend recommend with reservation not recommend this applicant.

Comments: _____

Do you want to discuss the applicant with the Advance Office? yes no

If yes, list your telephone number () _____

Reference's Name (Please Print) Title (if applicable)

Reference's Signature Date

Name _____ Date _____
Please print

Address _____

City _____ State _____ Zip _____

Title or Position _____

Organization _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1 SILOAM SPRINGS, ARKANSAS

POSTAGE WILL BE PAID BY ADDRESSEE

LITTLE ROCK CENTER
JOHN BROWN UNIVERSITY
5107 WARDEN ROAD, SUITE 4
NORTH LITTLE ROCK AR 72116

