



Reference Request Form

The applicant named below 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 _____

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
1 800-729-4732 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 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.

What is the nature of your relationship to the applicant?

During what period have you known the applicant? From: _____ To: _____

In what capacity have you known the applicant?

Evaluation of Applicant's Performance and Potential

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

Please check your recommendation for admission to the University of Saint Francis

Recommended with enthusiasm Recommended Not recommended

Name _____ Date _____

Signature _____

Title/Position _____ Employer _____

Phone _____

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