

Reference Form for Graduate Study Programs

To be completed by applicant:

Name of applicant: _____ Other name(s) used: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Email: _____

RELEASE: Under the Family Education Rights and Privacy Act, enrolled students have the right to inspect their files upon request. In order to inform the person you have requested to complete this reference form whether the form will be held in confidence or if the letter will be open to your inspection, please check one of the following statements. Waiving your rights to see this form is not a requirement for admissions.

I do hereby waive my right to access this reference form. I do not hereby waive my rights to access this form.

Applicant Signature: _____ Date: _____

Please return by: _____

To be completed by reference:

Reference name: _____ Date: _____
(please print)

Relationship to applicant: _____ How long have you known the applicant: _____

How well do you know the applicant? Very well Somewhat well Not well

	Excellent	Good	Average	Below Average	No Basis for Judgment
1. Ability to work independently					
2. Ability to work on a team					
3. Ability to solve problems					
4. Personal initiative and maturity					
5. Motivation					
6. Integrity					
7. Oral communication					
8. Written communication					

If rated below average, please comment:

Indicate any significant limitations for success in the Graduate Study program:

Special abilities for success in the program:

Please indicate your level of endorsement for the suitability of the candidate for the program:

Endorse with enthusiasm Endorse Do not endorse

Please explain:

Signature: _____ Date: _____

Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

E-mail: _____

Please send to:

Bryan College of Health Sciences
Attention: Admissions Office
1535 S 52nd St.
Lincoln, NE 68506-1398

bryanhealthcollege.edu

This reference is valid for one year after the date received.

