

REFERENCE FORM
The University of Akron
Graduate Admission

Applicant Name: _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, if you enroll in The University of Akron's Graduate School, you have the right to review your educational records. The act further provides that you may waive your right to see recommendations for admission or financial aid. Please indicate below by checking the appropriate statement and signing your name whether you wish to waive this right. The Graduate School places no value on your decision in this matter.

I waive my right to access to this recommendation form.

I do not waive my right to access to this recommendation form

Quality Indicators	Below Average	Average	Above Average	Exceptional Superior	N/A
Intellectual ability					
Maturity, emotional stability					
Reliability, responsibility					
Organize workload, time efficient					
Attendance					
Ability to be on time					
Attitude toward patients					
Attitude toward Supervisor					
Attitude toward co-workers					
Leadership ability					
Ability to work independently					
Skill in work performance, dexterity					
Ability to analyze and solve problems efficiently					
Ability to function under stress					
Ability to function as a team member					
Ability to utilize criticism					
Overall comparison with peers of similar level					
Recommend hiring again					

What do you consider to be the applicant's major strengths? _____

Please identify one area where the applicant needs further development _____

Would you allow the applicant to care for you or a loved one? _____

How long have you known the applicant? _____

In what capacity, have you known the applicant? _____

How long has it been since your last direct contact with the applicant? _____

Do you believe this applicant is a strong candidate for graduate studies? If no, please explain.

Additional Comments: _____

I **strongly recommend** this applicant:

I **recommend** this applicant:

I believe this applicant's qualifications are **marginal, but has potential:**

I **do not recommend** this applicant:

Print Name & Title _____

Signature _____ Date _____

Hospital _____

Telephone _____ E-mail _____