

## Graduate Certificate in Gerontology Reference Form

**Applicant's Full Name:** \_\_\_\_\_

**Your relationship to applicant:** \_\_\_\_\_

The above applicant has applied for admission to the Graduate Certificate in Gerontology Program. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential.

### REFERENCE CHECKLIST ON APPLICANT FOR ADMISSION

The above applicant has applied for admission to the Graduate Certificate in Gerontology Program. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential.

*Please place a check mark in the rating column appropriate to your assessment of the applicant.*

	Excellent/ Exceptional	Above Average	Average	Below Average	No Opportunity to Observe
<b>1. Attitude and Personality</b> Mannerisms, dispositions, ability to work with people, confidence, acceptance of criticism					
<b>2. Reliability and Character</b> Dependability, willingness, honesty, moral character					
<b>3. Personal</b> Reflects a personal example of a healthy and productive lifestyle					
<b>4. Work Habits and Industry</b> Conscientiousness, follow through, resourcefulness, self-discipline, initiative					
<b>5. Emotional Stability</b> Reaction to stress, poise, control, inspiring confidence					
<b>6. Capacity for Independent Thinking</b> Leadership ability, creative thought, curiosity, active learning					
<b>7. Judgment and Common Sense</b> Ability and foresight in everyday decisions, expression of opinion, maturity					
<b>8. Communication Skills</b> Verbal, non-verbal, and written					

**Do you feel that this individual's grades are an accurate assessment of his/her scholastic ability?**  
yes                      no                      If no, please explain below.

**Please use this space to give us your overall impression of the applicant.**

**What are the applicant's overall strengths?**

**Any other comments you would like to add concerning this applicant**

**My overall impression and support for this applicant's application (please check one):**

Strongly recommend      Recommend      Recommend with reservation      Do not recommend

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NAME

SIGNATURE

ADDRESS

CITY / STATE / ZIP

PHONE NUMBER

COMPANY NAME & TITLE

EMAIL

**UPON COMPLETION OF THIS FORM, PLEASE PLACE IT IN AN ENVELOPE, SEAL IT, AND WRITE YOUR SIGNATURE ACROSS THE SEAL. IT IS TO BE RETURNED TO THE STUDENT FOR SUBMISSION WITH HIS/HER APPLICATION PACKET.**