

PLEASE SEND
REFERENCE FORM TO:

Westfield State University
GRADUATE AND CONTINUING EDUCATION
ATTN: ADMISSIONS
577 WESTERN AVE · PO BOX 1630 · WESTFIELD, MA 01086-1630 Email: wsucgce@westfield.ma.edu

To be filled out by applicant Please type or print.

Applicant's Name: _____
Last First Middle

Federal law enables the applicant to have access to this recommendation unless the candidate voluntarily waives this right.
I waive my right of access to this recommendation and consent to its remaining confidential to me.

Signature

Date

NAME & ADDRESS OF REFERENCE

Name

REFERENCE FOR ADMISSION TO:

Street Address or P.O. Box

Program/Concentration

City

State

Zip

To be filled out by the reference Please complete questions 1, 2, and 3 and sign and date the bottom in order for the reference form to be considered complete.

Your name was given as one who could provide a professional estimate of the applicant's ability to pursue this program. We will greatly appreciate your estimate of the applicant's aptitude for graduate study and promise of professional success. Westfield State University is committed to a policy of non-discrimination and affirmative action in its educational programs, activities and employment practices. It is the policy of Westfield State University not to discriminate on the basis of race, sex, color, national origin, age, religion or disability. Please complete the information requested below and return to our office. Thank you for your cooperation.

1. In what capacity (professional, academic, other) and for how long have you known the applicant? Explain:

2. Please complete the rating scale by placing checkmarks in the appropriate locations. Compare with others you have known:

	No Basis for Evaluation	Below Average	Average	Above Average	Outstanding
Character & Personal Integrity					
Professional Attitude					
Scholarship					
Competence as an Educator					
Ability to Work with Others					
Self-confidence					
Professional Growth Potential					
Oral and Written Expression					
Leadership Potential					

3. Please provide a letter of recommendation in the text box on page 2. Required for MSW applicants.

Reference Name

Reference Signature

Position

Date

Applicant Name

Reference Name

Reference Signature