

PERSONAL REFERENCE FORM

GRADUATE SCHOOL ADMISSIONS

8 Abbott Park Place Providence, RI 02903 USA
Phone (inside U.S.) 1-800-342-5598, ext. 1015
Phone (outside U.S.) 401-598-1015

Fax 401-598-1286
Email pvdgrad@admissions.jwu.edu
www.jwu.edu/grad



Please ask individuals familiar with your educational and professional background and your potential for graduate studies to complete this form or a letter of reference and return it directly to the address listed above.

PLEASE PRINT OR TYPE.

TO BE COMPLETED BY APPLICANT

Last Name/Family Name/Surname (Maiden Name — if applicable)

First Name/Given Name Middle Name

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference are to be held confidential or whether they may be made available to you.

Please check one of the following and sign in the space provided.

Confidential File

I determine that this letter of recommendation be held confidential by Johnson & Wales University.

Open File

I retain the choice of having letters of reference available to me.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY REFERENCE

Please mail this recommendation directly to the Graduate Admissions Office at the above address.

	Excellent	Good	Average	Fair	Unable to Judge
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reference Name _____

Title _____ Institution/Business _____

Address _____

City _____ State/Country _____ Postal Code _____

Telephone _____

Reference Signature _____ Date _____

Please use the back of this form to supply additional comments on the applicant: character, past work experience, goals, etc.