

## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Reliability and Character</b> Dependability, willingness, honesty, moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Personal</b> Reflects a personal example of a healthy and productive lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Work Habits and Industry</b> Conscientiousness, follow through, resourcefulness, self-discipline, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Emotional Stability</b> Reaction to stress, poise, control, inspiring confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Capacity for Independent Thinking</b> Leadership ability, creative thought, curiosity, active learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Judgment and Common Sense</b> Ability and foresight in everyday decisions, expression of opinion, maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Communication Skills</b> Verbal, non-verbal, and written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.**