

Reference Form for Admission Mount Mercy College Graduate Programs

Section I (To be completed by applicant)

The following information must correspond exactly to the information submitted on your application. Indicate your decision regarding a waiver of the right of access to this reference before giving it to the person who will be submitting the reference. You should then give the form to the recommender with a self-addressed and stamped envelope. Have the recommender place the completed reference into the envelope, seal it and sign across the seal. The envelope should be returned to you, and you should return it unopened with your application.

Social Security number (Leave blank if you do not have a U.S. SSN) _____ - _____ - _____

Name _____
last first middle other last names

Program for which you are applying: Education – Reading Education – Special Education Business Administration

Name of recommender _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their rights of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

I waive my rights to inspect the contents of this reference I do not waive my rights to inspect the contents of this reference.

signature date

Section II (To be completed by recommender)

How long and in what capacities have you known the applicant? _____

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and formulate a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in applicant's general field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation & Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<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"/>

Please comment on any of the above assessed traits.

Your overall assessment of the applicant as to his or her ability to complete an advanced academic degree:

- Highly recommend
- Recommend without reservation
- Recommend with reservation
- Do not recommend

_____	_____
signature	date
_____	_____
name (please print)	position

institution	

address	

telephone number	

Place the completed form in a sealed enveloped, sign it across the seal and return to the applicant or mail to Admissions Office, Mount Mercy College, Regina Hall, 1330 Elmhurst Dr., N.E. Cedar Rapids, IA 52402-4697.

Thank you for assisting us with the application process.