



Graduate & Professional Studies
2 College Hill, Westminster, MD 21157-4390
410-857-2500 v/tty Fax 410-857-2515

Applicant Reference Form

Applicant: (a) please print or type your full name and address, (b) check your preference for access, and (c) give this form and a stamped envelope to your reference. The envelope should be addressed to: Graduate Admissions, Graduate & Professional Studies at McDaniel, 2 College Hill, Westminster, MD 21157. You may also forward the document via email to your reference; the form can then be returned via fax (410-857-2515).

Name _____ Date _____

Address _____ City _____ State _____ Zip Code _____

In compliance with the Family Educational Rights and Privacy Act of 1974:

___ I waive my rights to review this form.

___ I do not waive my rights to review this form.

Note to Writer: *The individual listed above has selected you to write a candid statement about his/her potential for graduate study at McDaniel College. Please assess the individual by completing the rating scale below. You may submit the completed form in the enveloped provided by the applicant, by faxing to 410-857-2515, or by attaching to an email to gradadms@mcdaniel.edu.*

Please rank the applicant for:	Exemplary	Competent	Acceptable	Not Apparent	No opportunity to observe
1. Potential for scholarly endeavor					
2. Potential for service and leadership to the profession					
3. Appreciation of and ability to create supportive environments for diverse clients/learners					
4. Accepts feedback, evaluates actions					
5. Takes advantage of professional opportunities					
6. Oral communication skills					
7. Written communication skills					
8. Technological proficiency					

You may write additional comments on the back of this form.

☐ **Highly recommend**

☐ **Recommend with reservation**

☐ **Recommend**

☐ **Do not recommend**

Signature _____ Print your name _____ Date _____

Title and Organization _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip Code _____