

MARYLHURST UNIVERSITY

OFFICE OF ADMISSIONS

17600 Pacific Highway (Hwy. 43)

P.O. Box 261 • Marylhurst, OR 97036-0261

503.699.6268 • 1.800.634.9982, ext. 6268

FAX: 503.635.6585

email: studentinfo@marylhurst.edu

Web site: www.marylhurst.edu



REFERENCE: EDUCATION INSERVICE PROGRAMS

TO THE EDUCATION INSERVICE APPLICANT

- Please fill in your name and the term for which you are applying.
- To waive or release your right to read this reference after it has been received by the University, sign line (c) below. If you wish to have access to this reference, leave the signature line (c) blank.
- Fill in the name of the person completing this reference on line (d) below.
- This form should be sent to the Office of Admissions directly by the person completing this reference.

CONFIDENTIAL STATEMENT CONCERNING

(a) _____
Applicant: First Name Middle Name Last Name

APPLYING FOR ADMISSION TO:

___M.Ed. ___Reading Endorsement ___ESOL Endorsement ___Teaching Leadership Certificate

(b) Anticipated term of entrance into the program: Term: _____ Year: _____

I understand that this reference will be used for admission and financial aid decisions only, and I hereby waive my right to access this reference. By leaving line (c) UNSIGNED, I retain my right to read this reference.

(c) _____
Applicant Signature Date

THIS SECTION TO BE FILLED IN BY THE APPLICANT AND GIVEN TO THE PERSON COMPLETING REFERENCE.
Please print or type.

(d) _____
Name of Person Completing Reference Complete Mailing Address

Position or Title

City

Organization

State

Zip Code

Telephone with Area Code

TO THE WRITER OF THIS REFERENCE

Please complete the *Reference Form* for the applicant named above. Complete items 1, 2, 3, and 4 on the next page, and sign the form at the bottom. If you do not know the student well enough to complete this *Reference Form*, please check here: _____

If this waiver is signed by the applicant, the student MAY NOT read this reference and it will be retained in confidence by the University.

REFERENCE: EDUCATION INSERVICE PROGRAMS

1. How long have you known the applicant? _____ In what capacity? _____

If this reference is being completed by an employer or other professional colleague, describe the nature of the applicant's position:

2. As compared to your understanding of a college or university graduate, rate the applicant on the qualities listed below:

	Outstanding	Above Average	Average	Below Average	No Basis for Judgment
Overall qualifications	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Analytical ability	_____	_____	_____	_____	_____
Ability to work well with others	_____	_____	_____	_____	_____
Ability in oral expression	_____	_____	_____	_____	_____
Ability in written expression	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____

3. Reference summary for: _____
Applicant's Name

_____ I strongly recommend _____ I recommend with reservations
 _____ I recommend _____ I do not recommend
 that this applicant be admitted to Marylhurst University.

4. Telephone contact: _____ I would _____ I would not be willing to respond to additional questions by telephone.

Telephone Number(s) _____

 Signature of Person Completing Reference

 Date

Please return *Reference Form* to:

Marylhurst University
 Office of Admissions
 ATTN: Graduate Admissions
 17600 Pacific Highway (Hwy. 43)
 P.O. Box 261
 Marylhurst, OR 97036-0261