

## Letter of Reference

(confidential if signed by applicant)

### To be completed by the applicant:

Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

Degrees sought \_\_\_\_\_ Date \_\_\_\_\_

The above named applicant waives the right to review this form at any later date if signed here:

\_\_\_\_\_  
Signature of applicant

**The Enrollment Center appreciates your willingness to complete this recommendation on behalf of this applicant who has filed for admission to Benedictine University. Your comments are a valuable part of the application process.**

### Please type or print.

Name of person completing form \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_  
area code

Position/Title \_\_\_\_\_

Employer \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

Under what circumstances have you known the applicant? \_\_\_\_\_

## Part 1

**Summary evaluation: Using the chart below, please rate the applicant relative to others you have known in a similar capacity.**

	Outstanding	Above average	Average	Fair	Poor	Not observed
Academic potential						
Ability to work independently						
Ability to work with others						
Leadership potential						
Maturity						
Communication skills: Oral						
Communication skills: Written						
Ability to analyze problems and formulate solutions						
Social awareness and concern						
Motivation for proposed program of study						

## Part 2

**1. What do you consider the applicant's most outstanding talents or characteristics?**

**2. In your opinion, what are the applicant's chief weaknesses?**

**3. Additional comments**

\_\_\_\_\_  
Signature of evaluator

\_\_\_\_\_  
Date

**Please return directly to:**  
**Enrollment Center**  
**Benedictine University**  
**5700 College Road**  
**Lisle, IL 60532**  
**Fax (630) 829-6301**