

2010 Cluster Coordinator Reference Form

Applicant Name: _____

Reference Name: _____

Reference Contact Info: _____

Knowledge of Applicant: _____

In what capacity do you know the applicant? _____

How long have you known with the applicant? _____

Evaluation of Applicant:

In your opinion, what strengths and weaknesses does the applicant possess?

Strengths: _____

Weaknesses: _____

Please assess the applicant on each of the following:

	Excellent	Good	Fair	Poor	No Basis to Assess
Ability to handle stress					
Communication Skills					
Intellectual Ability					
Resourcefulness					
Time Management					
Responsibility/Accountability					
Leadership					

Based on the applicant's academic record, co-curricular activities, special abilities, ambition and determination, please indicate your recommendation for this leadership position.

_____ Strongly Recommend _____ Recommend _____ Recommend with Reservation _____ Do not Recommend

Comments:

Letters of reference are welcomed; please attach to this form upon submission.

Reference Signature: _____

Please return this form to applicant in sealed envelope or send to: Center for First Year Students, Campus Center 280. Form must be received by November 16, 2009. Thank you for helping support our program!