

XAVIER UNIVERSITY OF LOUISIANA
DEPARTMENT OF GRADUATE STUDIES
NEW ORLEANS, LA 70125

PROFESSIONAL CONFIDENTIAL REFERENCE

Name of Applicant _____ Date _____

Name of Professional Reference: _____

Address of Reference: _____

To the Person Who Agrees to Provide a Professional Reference:

The above-named individual has applied for admission to the Department of Graduate Studies of Xavier University of Louisiana. He/She has given your name as reference to evaluate academic ability, performance of work-related tasks and selected personality traits. **Please do not complete this form if the applicant is related to you.** If you are qualified to provide a reference, please complete this form and return it to: Admissions Officer; Department of Graduate Studies; Xavier University of Louisiana; New Orleans, LA 70125.

Director, Division of Education

What is your association to the applicant? _____

Have you supervised the applicant? Yes _____ No _____ If yes, in what capacity?

PROFESSIONAL CONFIDENTIAL REFERENCE (continued)

I. RATING SCALE (Place an "x" under the appropriate description)

	Superior	Good	Average	Below Average	No Basis for Judgment
Intellectual Ability	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____
Problem-Solving Ability	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Perseverance	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____	_____

II. Please comment on any academic or professional strength which the applicant possesses.

III. Are there any weaknesses of which you are aware that would limit the performance of the applicant in graduate-level studies?

IV. I have known the applicant for _____ years.

V. Check one of the following:

I strongly recommend the applicant.

I recommend the applicant.

I have reservations about recommending the applicant.

I do not recommend the applicant.

SIGNATURE OF REFERENCE: _____

POSITION OR TITLE: _____

DATE: _____

