REFERENCE FOR STUDENT STAFF LEADERSHIP POSITION
(Candidate should complete the top section only)
Due to the Office of Residential Life by Thursday, April 19th at 5:00P.M. EST

Name of Candidate: _________________________________________________ Date: ________________

IN ACCORDANCE WITH THE PROVISIONS OF THE FAMILY EDUCATION AND PRIVACY ACT OF 1974,
I HEREBY WAIVE MY RIGHT OF ACCESS TO THE CONFIDENTIAL STATEMENTS MADE
CONCERNING MY APPLICATION FOR A RESIDENCE STAFF POSITION.

Candidate Signature: _________________________________________________ Date: ________________

To the Evaluator: The person listed above is applying for a student staff leadership position for the Office of
Residential Life at Wesleyan University. The selection process is highly competitive. We ask you to help in the
process by giving a fair evaluation of the candidate according to the responsibilities that will be required.

Your Name: ____________________________________   Relationship to Applicant: _____________________

How long have you known the Applicant? ___________________________________________________________

Please rate the applicant on a scale of 1 to 5 in the following areas (1 being low and 5 being high):

1. **Cooperativeness**
   Comments:
   1 2 3 4 5

2. **Communication Skills**
   Comments:
   1 2 3 4 5

3. **Creativity**
   Comments:
   1 2 3 4 5

4. **Maturity**
   Comments:
   1 2 3 4 5

5. **Organizational Skills**
   Comments:
   1 2 3 4 5

6. **Enthusiasm**
   Comments:
   1 2 3 4 5
7. **Openness**
   Comments:

8. **Responsibility**
   Comments:

9. **Sensitivity**
   Comments:

10. **Flexibility**
    Comments:

Additional comments and assessment of the candidate’s ability to perform in a student staff leadership position:

Taking into consideration that this student is applying for a position of responsibility over a unit of students, what overall recommendation would you give this candidate?

- [ ] Recommend Highly
- [ ] Recommend With Reservations
- [ ] Recommend
- [ ] Do Not Recommend

Are you willing to be contacted should further information be necessary?  
[ ] Yes  [ ] No

Your Signature: ___________________________  Date: _____________________

Position: ________________________________  Phone: _____________________

By Mail (by Friday, April 13th):
Dan LaBonte
Office of Residential Life
Wesleyan University
237 High Street
Middletown, CT 06459

By Fax:
860-685-3711

**Office Use Only:**
Received: ____________
Reference Number: _____