REFERENCE FOR STUDENT STAFF LEADERSHIP POSITION
(Candidate should complete the top section only)

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: 1 2 3 4 5

8. **Responsibility**
   Comments: 1 2 3 4 5

9. **Sensitivity**
   Comments: 1 2 3 4 5

10. **Flexibility**
    Comments: 1 2 3 4 5

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: __________________

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By Mail:  
Maureen Isleib  
Office of Residential Life  
Wesleyan University  
237 High Street  
Middletown, CT 06459

By Fax:  
860-685-3711

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**Office Use Only:**

Received: _____________

Reference Number: _____