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?

____ Highly Recommend  ___ 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:
Maureen Isleib
Office of Residential Life
Wesleyan University
237 High Street
Middletown, CT 06459

By Fax:
860-685-3711

Office Use Only:
Received: ____________
Reference Number: _____