



PROFESSIONAL OR ACADEMIC REFERENCE

Please send all forms and requested items to:

Attn: [Intended graduate program]
c/o Graduate and Adult Admissions Office
1530 Concordia West
Irvine, CA 92612-3203
(949) 854-8002, EXT. 1144
(800) 229-1200, EXT. 1144
FAX: (949) 854-6894
gradadmission@cui.edu

Applicant: Please enter your name and the date on the line below and provide this form to two people (not related to you) for professional or academic reference. Request that the form be sent to the address at left.

Please type or print legibly.

Note: This is not a confidential document.

Applicant's name _____ Date: _____
Last First Middle Initial

Program of Study _____ Entry Term _____

To be completed by evaluator:

Printed name of person completing this form

Signature of person completing this form

What is your relationship to the candidate: _____

How long have you known the candidate: _____

Contact address: _____

Contact phone: _____ E-mail: _____

Employer: _____ Title: _____

Rate the candidate in each of the following seven areas by circling the best adjective:

- | | | | | | | |
|-------------------------|-----------|--------|---------|----------|------|--------------|
| 1. Adaptability | excellent | strong | average | marginal | weak | not observed |
| 2. Communication Skills | excellent | strong | average | marginal | weak | not observed |
| 3. Team Orientation | excellent | strong | average | marginal | weak | not observed |
| 4. Dependability | excellent | strong | average | marginal | weak | not observed |
| 5. Initiative | excellent | strong | average | marginal | weak | not observed |
| 6. Leadership | excellent | strong | average | marginal | weak | not observed |

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