

KEISER UNIVERSITY

Graduate Reference Form

Applicant: Please complete the following section.

Full Name of Applicant: _____

I agree disagree to waive my right under *The Family Education Rights and Privacy Act of 1974* to review specific and composite letters of recommendation.

Signature of Applicant _____ Date _____/_____/200__

Referee: Please provide the following information about the above-named applicant.

Quality	Superior	Above Average	Average	Below Average	Inadequate Opportunity to Observe
Aptitude In Major Field					
Teamwork Skills					
Analytical Skills					
Motivation for Proposed Program of Study					
Perseverance					
Dependability					
Maturity					
Accuracy of Work					
Oral Expressions/Presentation					
Writing Skills					
Sense of Initiative					

Please identify this applicant's major strengths and notable weaknesses (please use an extra sheet, if necessary):

Referee's Name (please print your full name) _____

I have known the applicant for _____ years. In what capacity? _____

Telephone _____ E-mail: _____

Signature _____ Position/Title _____

College/Employer/Other _____ Date _____/_____/_____

PLEASE REMIT THIS COMPLETED FORM DIRECTLY TO:

Registrar—Director of Student Records
KEISER UNIVERSITY
GRADUATE SCHOOL
1900 West Commercial Blvd.
Fort Lauderdale, Florida 33309
(954) 318-1620 – (888) 7KEISER (753-4737)

Keiser University is an equal opportunity/affirmative action educational institution.