Piedmont College

Professional Reference

Attention: Use blue or black ink. Signatures of both the applicant and the provider of the reference are required.

Part 1: Applicant Section

Applying for (check one box): ☐ Fall ☐ Spring ☐ Summer Year: _____ Program _____

Applicant Name: _____SS# _____-____-_____

Mailing Address: _____

City: _____State: _____ Zip: _____ Country: _____

Email address: _____Phone: ( ) _____

The provisions of the Family Education Rights and Privacy Act of 1974 provides the applicant with the right to access this reference The right to access and read this reference may be waived but no school or person can require anyone to waive this right. Check one of the following statements and sign this form then forward it to your professional reference.

____ I waive my right to access this form. ____ I do not waive my right to access this form

Applicant Signature _____

Part 2: Professional Reference Section

The applicant identified in Part 1 has applied for admission to one of Piedmont College's graduate programs. Please assist us by providing responses to the following questions. Do not return the completed form to the applicant. Please mail it to: Piedmont College, Graduate Admissions, P.O. Box 10, Demorest, GA 30535. Personal letters of reference are welcome but not required.

How long have you known the applicant? _____

How well and in what capacity do you know the applicant? _____

_____

Have you taught the applicant in a course or class? _____

Please comment on this applicant's strengths and weaknesses as they pertain to success in a graduate program.

_____

_____

Please supply any additional information that would be useful in our decision to accept this applicant.

_____

Please evaluate the candidate on each of the following attributes by placing an X in the appropriate box.

	Excellent	Very Good	Good	Fair	Unknown
Character					
Motivation					
Emotional Maturity					
Use of Standard English					
Intellectual Potential					
Research Potential					
Ethical Behavior					
Team/Social Behavior					

For Office Use Only

Signature _____Date _____

Printed Name _____ Position _____

Institution/Organization _____Department _____

Mailing Address: _____

City: _____State: _____ Zip: _____ Country: _____

Email address: _____Work Phone: ( ) _____