

SALVE REGINA UNIVERSITY
EDUCATION PROGRAM
CORE FACULTY REFERENCE

Applicant's Name: _____

How long have you known this applicant?	In what capacity have you known him/her?
---	--

Please rate the applicant in the following areas by checking the appropriate column:

	Emerging	Clear	Exemplary	Unable to Determine
Communication Skills (Oral, Written, Listening)				
Emotional Maturity				
Dependability/Reliability				
Potential for Success and Life-long Learning				

Academic Performance/Content Knowledge

Do you recommend that this applicant be admitted to the Education Program?	Yes	No

Signature: _____ Name printed: _____

Date: _____ Department: _____

Phone: _____