

MOUNT HOLYOKE

FRANCES PERKINS PROGRAM GENERAL REFERENCE FORM

To the Applicant

Please fill in the information requested below and give this form to a person who knows you well (employer, colleague, instructor) and who is not a member of your immediate family. Enclose a stamped envelope addressed to the Frances Perkins Program.

Student name _____ Social Security No. _____
LAST FIRST MIDDLE OPTIONAL

Home address _____

Name of person giving reference _____

Address _____
CITY STATE, PROVINCE, OR COUNTRY ZIP OR POSTAL CODE

To the Person Giving Reference

How long have you known the applicant? _____ In what capacity? _____

Please rate the candidate according to the scale provided.

	NO BASIS FOR JUDGEMENT	BELOW AVERAGE	AVERAGE	GOOD (ABOVE AVERAGE)	VERY GOOD (WELL ABOVE AVERAGE)	EXCELLENT (TOP 10%)	ONE OF THE TOP FEW ENCOUNTERED IN MY CAREER
ABILITY							
MOTIVATION							
CREATIVITY							
SELF-DISCIPLINE							

The Admission Committee welcomes candid and objective comments on the personal qualifications of this applicant. Your evaluation will help us in judging the applicant's readiness for admission to Mount Holyoke College. We are interested in such qualities as intellectual promise, curiosity, responsibility, integrity, judgement, social maturity, and attitude toward peers and supervisors. Describe any special factors that should be considered in interpreting the applicant's record. (In compliance with Section 504 of the Rehabilitation Act of 1973 as amended, Mount Holyoke College does not discriminate on the basis of handicap in admission or access to its programs. Recommendations should therefore not refer directly to any handicap an applicant may have.)

Name (please print or type) _____ Title _____

Signature _____ Date _____

Email _____ Phone _____ Fax _____