## Professional/Academic Reference Forms

Please the place the town and drawne the policy of the professional and include one supervisor or administrator. The graduate school does not accept references from pastors, friends or family members.) Once they complete the bottom section, they need to email it to gradinfo@gardner-webb.edu.

## TO THE RESPONDENT:

The abo e has gi en o r name as a reference to s pport his/her application for grad at est d as a candidate for Gardner-Webb Uni ersit 's Grad at e program indicated abo e. Caref l attention ill be gi en to o r appraisal. Please check each characteristic in the appropriate col mn. Comparison sho ld be made ith q ali ed peers of the applicant. Please evaluate the applicant on the following items:

	Superior (Top 10%)	Good	Average	Below Average	Inadequate Opportunity to Observe
Leadership					
Scholarship					
Intelligence					
Written Expression					
Oral Expression					
Motivation					
Emotional Stability					
Self-Reliance					
Social Qualities					
Teaching Potential, if applicable					

Comments (academic and professional fitness, interests, etc.)

Would you recommend this applicant for acceptance to the Gardner-Webb University Graduate Program indicated above?							
Please select one:	Recommend	ith enth siasm	Recommend ith con dence	Recommend			
	Recommend	ith reser ation	Not Recommend				
Signature							
By checking this box and typing my name in the signature field, I am electronically signing this document.							
Title, Dept. & Organization							
Address			Pho	ne Number			
Relationship to Applicant			Duration of Relationship				
Remarks							