Personal or Professional Reference

Information concerning the qualifications of _________________________________.

Please express below your opinion of the above person’s qualifications. This form will be copied and included in credentials submitted to employers. Career Services provides the students with the right of access to the files we maintain.

Length of time you have known the student: ___ years.

Thank you for your cooperation.

To facilitate duplication please use only the space provided.

_______________________________  _________________________________
PRINTED NAME                  TITLE/ORGANIZATION

_______________________________  _________________________________
SIGNATURE/DATE                  ADDRESS