



Character Reference Form
School of Education

TO BE COMPLETED BY M.Ed. CANDIDATE

Student ID: _____ Full Name: _____
Address: _____
Phone Number: _____ E-mail: _____
Address: _____
Degree program to which you are applying: _____

TO BE COMPLETED BY THE REFERENCE PROVIDER

Full Name: _____
E-mail (optional): _____
Phone Number: _____
Mailing Address: _____

In what capacity do you know the applicant? (please check the box that applies):

- Professor/Dean/Teacher/Educator Supervisor/Employer/Administrator
 Colleague/Co-worker/Cohort Other Professional Reference
 Minister/Counselor (Type) _____

Through which organization (company) were you acquainted with the applicant?

How long have you known the applicant? _____

How well do you know the applicant?

- Very well Fairly well Acquaintance

This applicant's potential for successful graduate study is:

- Very High Average Low Not able to judge

Hypothetically, would you hire this applicant after graduation from APUS?

- Yes, without reservation Probably Unsure No

Regarding recommendation for admission, I:

- Strongly recommend Recommend-with caution Do not recommend

CHARACTER EVALUATION BY REFERENCE PROVIDER
PLEASE RANK THE APPLICANT ON A SCALE OF 1-4, WITH 1 BEING THE
LOWEST SCORE AND 4 BEING THE HIGHEST

Excellent=4 Good=3 Needs Improvement=2 Unsatisfactory=1 N/A=Not Applicable or Not Observed					
<i>PERSONAL TRAITS AND CHARACTERISTICS</i>	<i>PLEASE CIRCLE THE APPROPRIATE RESPONSE</i>				
FLEXIBILITY/ADAPTABILITY	4	3	2	1	N/A
SELF-CONFIDENCE	4	3	2	1	N/A
INTEGRITY	4	3	2	1	N/A
RELIABILITY	4	3	2	1	N/A
SENSE OF HUMOR	4	3	2	1	N/A
EMOTIONAL MATURITY	4	3	2	1	N/A
CREATIVITY	4	3	2	1	N/A
DISPLAYS INITIATIVE AND MOTIVATION	4	3	2	1	N/A
<i>PROFESSIONAL APPEARANCE AND CONDUCT</i>	<i>PLEASE CIRCLE THE APPROPRIATE RESPONSE</i>				
PROFESSIONAL APPEARANCE	4	3	2	1	N/A
APPROPRIATE LANGUAGE AND GRAMMAR	4	3	2	1	N/A
GENERAL WORK ETHIC	4	3	2	1	N/A
WILLINGNESS TO LEARN NEW TASKS	4	3	2	1	N/A
SOUND DECISION MAKING	4	3	2	1	N/A
RESPECT FOR AUTHORITY	4	3	2	1	N/A
FOLLOWS DIRECTIONS	4	3	2	1	N/A
LEADERSHIP ABILITIES	4	3	2	1	N/A
RESPECTS CONFIDENTIALITY	4	3	2	1	N/A
TIME MANAGEMENT SKILLS	4	3	2	1	N/A
ORGANIZATIONAL SKILLS	4	3	2	1	N/A
<i>RELATIONSHIPS/INTERACTIONS WITH OTHERS</i>	<i>PLEASE CIRCLE THE APPROPRIATE RESPONSE</i>				
LISTENING SKILLS	4	3	2	1	N/A
WORKS WELL WITH DIVERSE GROUPS	4	3	2	1	N/A
TACT AND DIPLOMACY SKILLS	4	3	2	1	N/A
CONCERN FOR THE WELFARE OF OTHERS	4	3	2	1	N/A
MOTIVATION TO HELP AND SUPPORT OTHERS	4	3	2	1	N/A
ABILITY TO FORM AND SUSTAIN HEALTHY, POSITIVE RELATIONSHIPS	4	3	2	1	N/A
INTERACTS WELL WITH CHILDREN AND YOUTH	4	3	2	1	N/A

Comments: Please explain in your own words why you think this applicant would be successful in the degree program and career field selected.

Return fully completed form to:
APUS/Student Records
10110 Battleview Parkway, Suite 114
Manassas, VA 20109
Fax: 304.724.3788 Email: documents@apus.edu