

# PERSONAL REFERENCE FORM



COLLEGE OF ONLINE EDUCATION  
115 Cedar St. Providence, RI 02903  
Phone: 855-598-1881  
Fax: 401-598-4553

Email: [onlineadmissions@jwu.edu](mailto:onlineadmissions@jwu.edu)  
Website: [Online.jwu.edu](http://Online.jwu.edu)

Please ask individuals familiar with your educational and/or professional background and your potential for graduate studies to complete this form or a letter of reference and return it directly to the College of Online Education. This form may be completed electronically or sent via mail, email, or fax using the information listed above.

PLEASE PRINT OR TYPE

## TO BE COMPLETED BY APPLICANT

\_\_\_\_\_  
Last Name/Family Name/Surname (Maiden Name — if applicable)

\_\_\_\_\_  
First Name/Given Name Middle Name

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference are to be held confidential or whether they may be made available to you.

Please check one of the following and sign in the space provided.

**Confidential File**

I determine that this letter of recommendation be held confidential by Johnson & Wales University.

**Open File**

I retain the choice of having letters of reference available to me.

\_\_\_\_\_  
Applicant's Signature Date

## TO BE COMPLETED BY REFERENCE

The below may be completed electronically or sent via mail, email, or fax using the information listed above.

	Excellent	Good	Average	Fair	Unable to Judge
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Reference Name

\_\_\_\_\_  
Title Institution/Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Country Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Reference Signature Date

*If needed, please use the back of this form to supply additional comments on the applicant: character, past work experience, goals, etc.*