

6. To the best of your knowledge, does the applicant have a problem with any of the following: **(Please circle any or all that apply)**

Nicotine

Alcohol

Use of illegal and/or prescription drugs

Occupying the same dwelling, as if married, with a person that is not their spouse?

7. To the best of your knowledge, does this applicant have any personality traits that may hinder his/her relationship with others? **(Please circle) Yes No**

8. Please give your evaluation of the applicant's personal character. **(Place a check mark in the appropriate box.)**

Character Traits	Excellent	Good	Fair	Poor
Honesty				
Attitude toward others				
Ability to work with others				
Dependability				
Ability to lead others				
Academic ability				
Personal grooming				
Financial responsibility				

9. Please indicate your personal comments on this prospective student:

Thank you for completing this reference form on behalf of this applicant. We do take your comments seriously and believe you have completed this form accurately. Your comments are strictly confidential.

Signature

Date