

2018 GEORGIA LEGISLATIVE INTERN PROGRAM

REFERENCE FORM

APPLICANT: Fill out this section only. (If not completed, file will be treated as confidential.) Under the provisions of the federal Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements

**You must have at least three but no more than five references. Include at least two professors (not TAs or grad students) who

Below information is to be filled out by the Applicant (Student).

Confidential File: I grant permission for this reference form and the accompanying letter or statement to be held confidential,

Open File: I retain the choice of having this reference form and accompanying letter or statement available to me.

Below information is to be filled out by the Reference.

Name of Applicant:

How long have you known the applicant?

In what capacity?

Has the applicant taken a course from you?

Please rate the applicant in comparison with others you have known in a similar capacity.

| | Below Average | Average | Above Average | Truly Exceptional | Unable to Judge |
|------------------------------------|---------------|---------|---------------|-------------------|-----------------|
| Research Skills | | | | | |
| Intellectual and analytical skills | | | | | |
| Speaking ability | | | | | |
| Writing ability | | | | | |
| Maturity | | | | | |
| Acceptance of Responsibility | | | | | |
| Determination | | | | | |
| Self-motivation | | | | | |
| Ability to get along with others | | | | | |

In addition to checking the above factors, it is essential to **include a statement** indicating the overall strengths and weaknesses of the applicant. (Please attach a letter to this form.)

Signature

Date

Name (please print)

Phone

Title

Address

Note: Please mail the reference form directly to the College Coordinator.