

**The College of New Jersey College Ambassador Program**

**REFERENCE STATEMENT**

Applicant's Name: \_\_\_\_\_

**TO THE STUDENT:** The person you select must be a professor, advisor, professional staff member, or supervisor, etc. **Not another student.** Please sign below if this is a confidential recommendation.

I hereby waive my right to see this reference statement.

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

**TO THE INDIVIDUAL WRITING THE REFERENCE:**

The aforementioned student has applied for a position in the College Ambassador Program. As you may know, the College Ambassadors are a group of students who serve as the public relations representatives for the College both on and off campus. Please appraise the applicant's strengths and limitations in this regard. If the student has signed the waiver above, this will be a confidential recommendation; if not, the student will have access to the recommendation upon request.

1) How long and in what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_

2) In comparison with other students whom you have known at comparable stages of their careers, how would you rate the applicant in the following areas:

	<b>EXCELLENT</b>	<b>VERY GOOD</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>	<b>NOT APPLICABLE</b>
Academic Performance						
Ability to work independently						
Leadership						
Initiative						
Enthusiasm						
Adaptability						
Maturity						
Promptness						
Public Speaking						
Flexibility						

3) Please indicate your overall rating of the student for participation in this program and briefly state your reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference's Name \_\_\_\_\_ Signature \_\_\_\_\_

Please return completed forms to *Jason Jacobs, Office of Admissions, The College of New Jersey, PO Box 7718, Ewing, NJ 08628-0718, NO LATER THAN December 1, 2011*