

PAUSE Student Reference Form Date _____

Reference:

(A letter may be substituted, if more convenient.)

Applicant: _____
(Last Name) (First Name) (Middle Initial)

How long and in what association have you known the applicant?

In a group of 100 students of comparable age and experience, how would you rate the applicant with respect to the following personal characteristics?

	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Motivation toward a productive career						
Growth during total period observed						
Imagination and originality of thought						
Emotional maturity and stability						
Ability to work with others						
Independence and self-reliance						
Academic achievement						
Dedication to health issues						
Leadership potential						

COMMENTS: (Feel free to use additional sheets)

Signature:

Date:

Typed/Printed Name:

Title:

Institution/Organization Name:

Phone:

Department:

Reference author should Mail, or Email reference by Monday, May 9, 2022, to:
Dr. Priscilla Oliver, PAUSE Partnerships Foundation, Inc.
P. O. Box 4305, Central City Station, Atlanta, Georgia 30302-4305
Email: pausepartnerships@gmail.com.