

Student Staff Application Personal Reference Form

Applicant Name (printed) _____

According to the Family Educational and Privacy Act of 1974 opens many student records for students' inspection. The law also permits students to sign a waiver relinquishing their rights to inspect letters of recommendation. Applicants must indicate whether you waive your rights to read this recommendation or whether you do not waive your right to read this recommendation. One of the following lines **MUST** be signed. The applicants' signature below constitutes his/her choice:

Signature authorization NOT to waive: _____ Date: ___ / ___ / ___

Signature authorization TO Waive: _____ Date: ___ / ___ / ___

Thank you for agreeing to evaluate the student named above who is applying for a key leadership position for Residence Life at Elon University. The selection process is our department's means of selecting staff members for the upcoming academic year. Your time and input is vital to ensure the selection of the very best candidates. As Residence Life Leaders our students are responsible for a designated floor/living area and the students that reside within that area. They are responsible for developing community, helping students connect to the university community, communicating information, providing administrative support, enforcing university policies and procedures, and assisting with urgent situations that may occur. We look to them to be positive role models for students in which they interact through academics and community living. Finally, they must also be good team players as they will work on a staff of varying numbers. Please keep these items in mind as you evaluate this student and provide us with insights to your experiences and interactions with them. This information will assist us in our decision making process.

Name of person completing reference: _____ Title/Position: _____

How long have you known the applicant? _____ Years _____ Months Phone Number: _____ - _____ - _____

In what capacity do you know the applicant? _____

How well do you feel you know the applicant? _____

Please rank the following statements based on your knowledge of the applicant.

- **This applicant takes the initiative to fulfill responsibilities.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____
- **This applicant is socially and emotionally mature.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____
- **This applicant is respected by others and is considered dependable.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____
- **This applicant is able to communicate clearly through written and oral communication.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____
- **I trust this applicant with confidential and administrative information.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____
- **Students would feel comfortable talking with this applicant about personal problems.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____
- **This applicant would actively enforce campus policies.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____
- **This applicant effectively manages his/her time.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____
- **This person is a good role model to others.**
Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____

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How do you believe the candidate can best contribute to the residence life community? _____

What one word do you think of when the candidate's name is mentioned? Why? _____

Some strengths that I have noticed in this person are: _____

What do you believe will be the candidate's greatest challenge as a Residence Life Student Staff Member?: _____

Any areas of concern? _____

* If you would like to submit additional comments about this applicant, please feel free to attach an additional page.

Do you recommend this candidate?

Highly Recommend _____ Recommend _____ Recommend with Reservations _____ Do not recommend _____

Please explain your level of recommendation and any reservations you may have: _____

By signing below you acknowledge completion of this form and responsibility for the information you have provided regarding the candidate (Residence Life will not release any information provided directly to the candidate unless mandated by law to do so):

Signature of Evaluator: _____ Date ____ / ____ / ____

Fostering respect for individual differences is central to the mission of Elon University. Residence Life seeks individuals who are eager to join us in our commitment to recognize and support the diversity of students living in the residential communities. Residence Life does not discriminate on the basis of race, religion, color, gender, age, sexual orientation, sexual identity, national or ethnic origin, veteran status, or disability.

Thank you for your time and assistance in this process. Please return this recommendation in a sealed envelope.
Mail to: Brian Collins, Campus Box 2980, Elon, NC 27244
Deliver to: Brian Collins, CB 2980 or Moseley 213