

CONFIDENTIAL REFERENCE FORM

[Applicant's Name] _____ is applying for admission to the Coordinated Program in Dietetics at Delaware State University to fulfill the academic and supervised practice requirements to become RD/RDN eligible.

Evaluator Name: _____

Organization if applicable: _____

Address: _____

Telephone number: _____ E-mail: _____

Please be candid in your response:

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Would you select this student for graduate school admission? ____ Yes ____ NO

Why? _____

Please rate the applicant compared to other college students:

CHARACTER AND ABILITY	Excellent	Good	Average	Fair	Poor	Not observed
Intellectual Aptitude						
Communication Skills						
Work Quality						
Creativity						
Leadership						
Maturity						
Professionalism						
Adaptability						
Ability to Work with Others						
Dependability						
Helpfulness						
Initiative						
Organizational Skills						
Positive Attitude						
Punctuality						

Responsibility						
Stress Management						

Evaluator Recommendation:

- Highly Recommend**
- Recommend**
- Recommend with Reservations**
- Do not Recommend**

Please provide additional comments about the applicant:

Evaluator Signature: _____ **Date:** _____

The Department of Human Ecology appreciates your evaluation of the applicant.

Please return the evaluation to the student in a sealed envelope with your signature across the seal or email to the program director at bctaylor@desu.edu. The applicant will not view the reference form you submit.