Reference Form

Applicant’s Name (Please print) _____________________________________

1. What is the applicant’s attitude toward working with others? (Example: Team worker, individualistic, etc.)
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Does the applicant work conscientiously? How have you seen this demonstrated? ______________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Is the applicant emotionally controlled? How does he/she handle stress and frustration? __________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Is the applicant tolerant of different types of individuals? Please elaborate. ______________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. Does the applicant demonstrate leadership abilities? How? _____________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. Is the applicant sensitive to others’ needs? Please give an example. ______________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. Does the applicant respond well to supervision? ________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
8. Does the applicant demonstrate a good self-concept? How? ______________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

9. Does the applicant express himself/herself clearly? __________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

10. Does the applicant participate in living unit/hall function? (To be answered by resident advisor if living on campus)

    _____Does not participate    _____Participates on occasion:    _____Helps plan as well as participates: is respected by peers.
    Has some friends on living unit

RECOMMENDATION:

    _____Not Recommended    _____Recommended with Reservations    _____Recommended

ADDITIONAL COMMENTS:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Your Signature ___________________________________________ Date ________________________

Your Name (Print)  __________________________________________

Your Title  __________________________________________

Please return by to:

The Governor’s School for Scientific Models and Data Analysis
East Tennessee State University
Attention: Angela Haga
P.O. Box 70301
509 Warf-Pickel Hall
Johnson City, TN 37614
Phone: (423)439-7592   Fax: (423) 439-7530
Visit the website at:  http://www.etsu.edu/cas/math/mathexcellence/govschool/default.aspx