TREVECCA NAZARENE UNIVERSITY

Graduate Psychology Program

333 Murfreesboro Road, Nashville, TN 37210

Reference Assessment

_____ _____Confidential File

Applicant (please print)

_____ _____Open File (I may review it)

Applicant's Signature

Please complete this form for the applicant who has applied for a program of study at Trevecca. The requested information will be used to assess personal qualities and academic strengths. Please give your candid assessment.

Scale (6 is highest)	1	2	3	4	5	6
Integrity						
Oral Expression						
Honesty						
Enthusiasm						
Persistence						
Assertiveness						
Empathy						
Creativity						

Please comment on how long you have known the applicant and in what capacity as well as any other brief points you wish to make about the applicant. (Reverse side may be used if necessary.)

Comments:

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Person Providing Reference | Position or Title | Date