***Note to applicant:*** Please read this form and give it to a reference (other than a friend, family member or someone professionally associated with our office). It is recommended that you follow up with each reference to be sure the **4:30pm Friday, March 6th** deadline is met.

**Bradley University**

### Transfer Aide

#### Reference Form

## TO BE COMPLETED BY APPLICANT

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: This reference may be viewed by the applicant unless the applicant waives the right of access.

Right of waiver: I waive my right of access to this recommendation. (Applicant, please circle choice; then sign and date.)

**YES**  **NO**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## REMAINDER SHOULD BE FILLED OUT BY YOUR REFERENCE

*To the Evaluator:* This student is applying for the position of Transfer Aide. If chosen, this student would introduce and prepare new transfer students entering Bradley University. You can assist us in the selection process by using the rating scale below to assess the following areas:

(Written comments enhance our understanding of the candidate’s qualifications.)

0 1 2 3 4 5

No basis for Unacceptable Average Excellent

judgment

# Rating

\_\_\_\_\_1. Ability to make decisions and solve problems.

**Comments:**

\_\_\_\_\_2. Ability to make oral presentations to groups.

**Comments:**

\_\_\_\_\_3. Ability to communicate effectively on a one-to-one basis.

**Comments:**

\_\_\_\_\_4. Ability to project a positive image of Bradley University.

**Comments:**

\_\_\_\_\_5. Ability to work well with persons of alternate backgrounds, lifestyles, and interests.

**Comments:**

\_\_\_\_\_6. Ability to be friendly yet professional.

**Comments:**

\_\_\_\_\_7. Potential for overall effectiveness as a Transfer Aide.

**Comments:**

Date: \_\_\_\_\_\_\_\_\_\_ Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reference forms must be submitted to:*

David Trillizio, Director, Orientation

Office for Transfer Student Assistance

Sisson Hall 141

1501 W Bradley Ave Peoria IL 61625

Phone: 309-677-2420

Fax: 309-677-2419

##### By 4:30pm, Friday, March 6, 2020.