

**Credentials File--Reference Evaluation
Mississippi University for Women
APPLICANT INFORMATION**

Name: _____ SSN: _____

Major: _____ Degree/Grad Date: _____

Check one:

- Confidential (applicant will not have access to this evaluation when completed)
- Non-Confidential (applicant will have access to this evaluation when completed)

REFERENCE INFORMATION

You have been selected to provide a reference and evaluation for the above named applicant. Please complete this form along with a letter of reference and mail both to the Career Services Center, P.O. Box W-1624, Columbus, MS 39701

Name: _____

Organization: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Basis of acquaintance: _____

	Excellent	Good	Satisfactory	Fair	Poor	Not Observed
Ability to communicate						
Ability to work with others						
Ability to accept constructive criticism						
Enthusiasm						
Flexibility						
Intellectual capability						
Leadership qualities						
Professional appearance						
Professional promise or potential						
Quality of work						
Reliability						
Response to supervision						
Dependability						

Signature _____ Date _____