WASHINGTON COLLEGE
EST. 1782

Resident Assistant Selection

Reference Form

_____ is applying to be a Resident Assistant with the Office of Residence Life at Washington College. To assist the selection team, each candidate is asked to submit references. Please refer to the note below as to the confidentiality of this reference.

References are due by **February 11, 2013**

CANDIDATE - Complete this section prior to asking a reference to complete this form. Please check one of the following responses regarding the confidentiality of this reference.

_____ I do waive _____ I do NOT waive

my right to review this document. I understand that if I waive my right to view this document, this reference is completely confidential. I also understand that regardless of what I have checked above, I will not be able to view the other contents of my Application Folder once it is completed. I will however, have the opportunity to receive feedback on my completed folder by meeting with the Associate Dean of Students / Director of Residence Life, or his designee, if I should desire.

_____ _____

Signature Date

Reference Name _____ Position _____

How long and in what capacity have you known this applicant? _____

_____

Please rate the candidate on the following using the scale below. NBJ signifies no basis for judgment. You may also provide any additional comments you think might be helpful in our selection in the additional comments section:

	Strongly Disagree				Strongly Agree	
1. Is reliable:	1	2	3	4	5	NBJ
2. Is honest:	1	2	3	4	5	NBJ
3. Displays maturity:	1	2	3	4	5	NBJ
4. Is open to issues of diversity:	1	2	3	4	5	NBJ

5. Is approachable:	1	2	3	4	5	NBJ
6. Is cooperative:	1	2	3	4	5	NBJ
7. works well with peers:	1	2	3	4	5	NBJ
8. is able to adapt to change:	1	2	3	4	5	NBJ

9. I recommend the student for this position: Yes____ No____ Yes, with reservations____

Please list the candidate's strengths:

Please describe the candidate's limitations:

Additional comments:

In signing below, I acknowledge that I have completed this form to the best of my ability.

_____ _____

Signature Date

Please return this completed reference to the Student Affairs Office by February 11, 2013
Washington College
Carl Crowe, Associate Dean of Students,
300 Washington Ave.
Chestertown, MD 21620
e-mail: Residential_life@washcoll.edu, Fax: (410) 778-7205