Reinhardt University

Graduate Admissions Reference Form

Master of Business Administration Master of Public Administration Master of Science in Sport Administration and Leadership

Please indicate to which program you are applying:

This form should be typed	d or printed in black	ink. References	without original signatures will not be accepted.						
Complete this section and distribution your work.	te to professionals	/educators who	know you, your educational background, and/or kno	w					
Name: Email Address:									
Permanent Mailing Address:									
City:	State:	Zip:	County:						
Cell Telephone: ()		Work Telephone: ()							
I understand that federal legisle waived, but that no school or pe	-	_	ht of access to this reference which right may be this right.						
Check and sign one of the follo	wing statements:	:							
			nily Education Rights and Privacy Act of 1974. he Family Education Rights and Privacy Act of 1974						
Signature of Applicant: Date:									
TO THE PERSON MAKING T	THIS RECOMM	ENDATION:							
	wing questions.	Do not return	e Studies Program at Reinhardt University. Pleas the completed form to the applicant. Acceptance a timely manner.						
How long have you known this	applicant?								
In what capacity (instructor, su	pervisor, persona	al, etc.) have y	ou known this applicant?						
How well do you know this app	olicant - Somewh	nat, Well, Very	y Well?						
In your opinion, is the applican	t qualified for gra	aduate study?	Please explain your response.						

Reference Form Updated March 27, 2019

Reinhardt University

Graduate Admissions Reference Form

This program requires initiative and the ability to work independently and in a group. Please rank the following criteria for the applicant by circling the appropriate response. (U=Unknown; L=Low; M=Medium; H=High)

U

U

L

L

M

Η

Η

Η

Initiative/self-starter

Ability to get along with others

Ability to work within a "team"

Time Management		U	L	M	Н	
	Ability to apply applications of theory	U	L	M	Н	
	Ability to be an independent learner	U	L	M	H	
Please comm	ent on this applicant's strengths and weakn	esses as	they pe	rtain to	success	in graduate studies.
Please provide recommenda	le any other information that will assist us intion.	n our de	cision.	You ma	y attach	a personal letter of
Name (print)	:					
Position:						
Address:						
City:			State	e:		Zip:
Signature:						
Optional:						
Telephone: () Email:					

Please mail, email or fax to:

Office of Graduate Admissions Reinhardt University 7300 Reinhardt Circle Waleska, GA 30183 (770) 720-9191 | FAX (770) 720-5739 gradadmissions@reinhardt.edu

Reference Form Updated March 27, 2019