

PATRICK HENRY COLLEGE

ACADEMIC REFERENCE

PART 1: TO THE APPLICANT

Instructions: Complete Part 1 of this form and give a copy to the person who will write a reference for you.

Please ask the writer to place the completed form in a sealed envelope and then sign his or her name across the seal. He or she may return the envelope to you or mail it directly to the Admissions Review Committee.

NAME

STREET ADDRESS

CITY COUNTY STATE ZIP

HOME PHONE - - E-MAIL

APPLICANT'S WAIVER OF RIGHTS OF ACCESS TO CONFIDENTIAL STATEMENT: I hereby voluntarily waive my rights of access to any information that is contained in this Reference Form (including attachments) and agree that the Form shall remain confidential.

APPLICANT'S SIGNATURE: DATE (M/D/Y) / /

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18): DATE (M/D/Y) / /

PART 2: TO THE REFERRING INDIVIDUAL

Thank you for taking the time to complete this form. Your comments on the applicant will provide the Admissions Review Committee with information that is helpful in evaluating the applicant for admission to Patrick Henry College and potential scholarship opportunities. Because of the nature of your comments, we request that you complete this form carefully and thoroughly. All records are held in strict confidence, and we would appreciate your frank and objective assessment of the applicant's strengths and weaknesses.

When you complete the form, please place it in a sealed envelope and then sign your name across the seal. You may return the envelope to the student or mail it to the Admissions Review Committee. Our address is:

ADMISSIONS REVIEW COMMITTEE
 Patrick Henry College
 10 Patrick Henry Circle
 Purcellville, VA 20132

NAME OF PERSON MAKING THE REFERENCE:

ADDRESS:

PHONE NUMBER: - - E-MAIL ADDRESS:

HOW LONG HAVE YOU KNOWN THE APPLICANT?

IN WHAT CONTEXT HAVE YOU KNOWN THE APPLICANT?

HOW WELL DO YOU KNOW THE APPLICANT? CASUALLY WELL VERY WELL OTHER:

PLEASE CHECK THE BOX FOR EACH CATEGORY WHICH, IN YOUR OPINION,
DESCRIBES THE APPLICANT IN AN ACADEMIC SETTING COMPARED TO THEIR PEER GROUP:

APPLICANT'S NAME

	WEAK	AVERAGE	STRONG	OUTSTANDING	NOT ABLE TO OBSERVE
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSE TO CRITICISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DIRECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSISTENCE TO TASK /PERSEVERANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT/KINDNESS FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL/EMOTIONAL MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIME MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CHECK THE BOX FOR EACH CATEGORY WHICH, IN YOUR OPINION, BEST DESCRIBES THE APPLICANT'S LEVEL OF ACADEMIC SKILL/COMPETENCY COMPARED TO THEIR PEER GROUP.

	NOT PROFICIENT	PROFICIENT	EMERGING MASTERY	STRONG	NOT ABLE TO OBSERVE
ORAL EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL THINKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOGICAL ANALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECOGNITION OF KEY THEMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE HIGHLIGHT THE APPLICANT'S SPECIFIC ACADEMIC STRENGTHS/ABILITIES:

PLEASE COMMENT ON SPECIFIC AREAS FOR POTENTIAL ACADEMIC GROWTH.

PLEASE COMMENT ON THE APPLICANT'S ABILITY TO HANDLE ACADEMICALLY CHALLENGING SITUATIONS.

BASED ON MY ASSESSMENT OF THE APPLICANT'S ACADEMIC PREPARATION FOR PATRICK HENRY COLLEGE, THIS APPLICANT IS ONE I WOULD

HIGHLY RECOMMEND RECOMMEND WITH RESERVATION (PLEASE EXPLAIN)

RECOMMEND NOT RECOMMEND (PLEASE EXPLAIN)

SIGNATURE:

DATE (M/D/Y) / /