UAF RES LIFE

Department of Residence Life
1872 Yukon Drive | Fairbanks, Alaska 99775
p (907) 474-7247 | f (907) 474-6423
www.uaf.edu/reslife | uaf -housing@alaska.edu

REFERENCE FORM FOR UAF RESIDENCE LIFE

A TO BE COMPLETED BY THE APPLICANT

NAME _____

LAST NAME FIRST NAME   MIDDLE NAME

I authorize the person named below to submit a reference for me for a **position** in the Department of Residence Life.

☐ I DO   /   ☐ **DO NOT**   (check one) **waive my right to access to this reference form once it has been written by:**

Printed Name and Title of Individual Completing Recommendation _____

APPLICANT'S SIGNATURE _____   DATE _____

NOTE TO APPLICANT: If you currently reside on campus, one reference must be completed by a Resident Assistant, either by your current RA or by a past RA. The other reference should be completed by a previous/current employer or any member of the university community - including faculty, staff, or other students. Relatives and RD/ARDs are not permitted to complete a reference on your behalf.

B TO BE COMPLETED BY THE RECOMMENDER

The person named above has applied for a position with the Department of Residence Life at the University of Alaska Fairbanks. This position **provide**s **peer leadership for a diverse group of students. They assume responsibilities for designing and implementing programs, fostering** a positive community conducive to academic success, and enforcing campus policies and regulations.This position must possess excellent interpersonal skills and the ability to make independent decisions. *We appreciate your candid appraisal of the applicant in terms of the qualities listed below.*

APPLICANT QUANTITIES	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	UNABLE TO JUDGE
Self-Confidence					
Concern for Others					
Emotional Maturity					
Initiative and Motivation					
Leadership Potential					
Dependability					
Communication Skills					
Ability to Work with Others					
Integrity & Ethical Behavior					
Ability to Work with Diverse Populations					
Creativity					
Ability to Manage Time Effectively					

C TO BE COMPLETED BY THE RECOMMENDER

Please include any additional comments about the qualifications of this applicant.

_____

_____

Do you have any reservations in recommending the above student for this position? If so, please explain.

_____

_____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

PRINTED NAME _____   SIGNATURE _____   PHONE _____

ADDRESS_____   DATE _____

PLEASE RETURN THIS FORM TO THE DEPARTMENT OF RESIDENCE LIFE OR EMAIL TO UAF-RESLIFE@ALASKA.EDU.