Applicant’s Name (Please Print)

In an effort to comply with Public Law 93-380, commonly referred to as the Buckley Amendment, the student is asked to complete the information below.
I request ___________________________________ complete this form as a reference in support of my application for a Resident Assistant (RA)/Community Assistant (CA)/Commuter Connector (CC) at La Salle University.
I request that this reference be:
_____ Confidential (Open only to the Community Development Selection Committee)      _____Open (I may review)

Signature of Applicant: __________________________________ Date: __________________

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Directions: This form is for your use in offering input on candidates for RA/CA/CC positions at La Salle University. RA/CA/CC student staff are expected to lead a strong community in the area to which they are assigned. The ability to develop a good rapport with students, to foster individual responsibility and personal growth among residents/mentees, and to serve in an administrative capacity are all important considerations in selecting an individual for this position. Desirable personal characteristics include maturity, acceptance of others, honesty, openness, initiative, reliability, perception, and sensitivity to others. In light of these expectations, please respond to the following statements.

How long have you known this candidate? ____________________________________________
In what capacity do you know him/her? ____________________________________________

Please answer the following questions. Please attach additional sheet if necessary or use back
How did the candidate contribute to your organization?

Describe the candidate’s relationship with the other members of the group. How well did they work well with others?

Describe the candidate’s response to your role as an authority figure.

Additional comments about applicant:

Overall rating: _____ Strongly recommend for RA/CA/CC position
_____ Recommend for RA/CA/CC position.
_____ Do not recommend for RA/CA/CC position.

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Name________________________________ Title __________________________
Institution/Business/Department____________________________ Phone ______

Signature_________________________________________ Date__________

Return this form by January 22, 2014 to:
Community Development, #819
Philadelphia, PA 19141
or fax 215-951-5109