



## Reference Form

**Applicant Name:** \_\_\_\_\_

1. In what capacity do you know the applicant?

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**Relationship to Applicant:**

Work Supervisor       Advisor       Teacher       Other

If Other, please indicate relationship: \_\_\_\_\_

2. How well do you know the applicant? (Check One)

Very Well       Average  
 Well       Not Very Well

3. Do you believe the applicant is academically and sufficiently motivated for pursuing graduate study? (Check One)

Yes       Doubtful       I have no way of judging  
 Probably       No

4. Do you believe the applicant possesses the level of maturity required for this program? (Check One)

Yes       No       I have no way of judging

5. Regarding the following, in your opinion, does the applicant demonstrate the following?

Initiative (Check One)

Outstanding    Good    Average    Low    Unobserved

Work Habits (Check One)

Outstanding    Good    Average    Low    Unobserved

Moral Character (Check One)

Outstanding    Good    Average    Low    Unobserved

Leadership (Check One)

Outstanding    Good    Average    Low    Unobserved

6. In general, and in consideration of the attributes you think are necessary for a health professional serving the public, do you believe this applicant is well-suited for admission to Logan University? (Check One)

Yes    No    I choose not to respond

7. Please add any comments that will assist the Admissions Committee in the evaluation of the applicant:

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure to sign and return this form by saving and emailing to [Document.Admissions@Logan.edu](mailto:Document.Admissions@Logan.edu), or by mailing to the following address:**

**Logan University  
1851 Schoettler Road  
Chesterfield, MO 63017**