

REFERENCE FORM (OPTIONAL)

Name of Applicant : _____
Family / Last Name First Name

Program the applicant is applying to : MA (TESOL) Certificate (TESOL)

1. To what degree do you know the applicant? Please mark the corresponding number.

I know the applicant:



How long and in what capacity, have you known the applicant?

2. About the Applicant's Ability: Please rate this applicant in the following categories in comparison with others whom you have taught, supervised, or worked with so far (e.g., students, co-workers), and mark the corresponding box.

Items	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%	Cannot judge
Critical thinking						
Intellectual curiosity						
Industriousness for goal achievement						
Ability to collaborate with others						
Emotional stability						
Teaching ability (if known)						

3. How would you evaluate and recommend the applicant? If there is any example regarding the applicant's personality, willingness, or capability, or anything specified in the above Question No. 2, please describe it. (If you need more space to write, please use a separate sheet or the back page of this sheet.)

Referee's Name in Print _____

Date _____

Affiliation _____

Title _____

Address (Home / Work) _____

Referee's Signature _____

— Please seal and return it to the applicant —