

SPRINGFIELD COLLEGE

263 Alden Street • Springfield, MA 01109-3797

Applicant's Name _____

Street _____

City _____

State _____

Zip _____

Social Security Number

Personal Reference

(This form should be completed by someone other than a relative or guidance counselor.)

We are sincerely grateful to you for your willingness to complete this reference form on behalf of the applicant for admission to Springfield College. The information requested is important and we request that this report be completed thoughtfully and thoroughly. By accepting this task, you share with us the responsibility in making an important decision.

Springfield College is primarily a professional and pre-professional school dedicated to educating young men and women to work in the human-helping professions. As many of our graduates will be working with young people, our evaluation process does consider personal qualities of the candidate as well as the caliber of student. This information is most helpful in our considerations.

We have attempted to identify several areas which will assist us in the evaluation of this applicant for admission.

Please feel free to add additional comments which might seem appropriate.

Upon completion of the reference form, please return it directly to the Admissions Office of Springfield College at the address indicated above.

Please accept our sincere thanks for your assistance.

Deadlines

Athletic Training and Physical Therapy—January 15
Physician Assistant and Occupational Therapy—February 1
All other majors—April 15

Information provided on this form will be used for admission purposes only and will not become a part of the student's permanent record at Springfield College.

Evaluation by _____ Relation to applicant _____

Address _____

Number and Street

City _____

State _____

ZIP _____

Length of time acquainted with applicant _____

