



## Doctoral Applicant Reference Form

Applicant's Name: \_\_\_\_\_

The above-named individual has applied for admission to William Howard Taft University's *Doctoral Program*. To assist us in evaluating his/her readiness for doctoral study, it would be appreciated if you complete the following brief questionnaire.

Faculty, staff, and administration at William Howard Taft University are committed to making learning practical and accessible. The *Doctoral Programs* are presented on a directed independent study basis requiring no classroom attendance. (The *Catalog* can be viewed on the University's website, [www.Taft.edu](http://www.Taft.edu)) Students who are highly motivated and self-starters have been found to have a higher rate of success in the *Programs*. Consequently, your input is important in assisting us in selecting those students most likely to succeed in this type of format.

Please return the completed questionnaire to the above address. If you have any questions regarding this form or one of the *Doctoral Programs*, please feel free to contact the Admissions Office at the above toll-free number.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_

**Please rate the applicant for the remaining questions using the following scale:**

5 – strongly agree 4 – somewhat agree 3 – no opinion 2 – somewhat disagree 1 – strongly disagree

3. The applicant has the academic ability to complete a doctoral program. \_\_\_\_\_
4. The applicant has the motivation to complete a doctoral program. \_\_\_\_\_
5. The applicant is good at prioritizing tasks. \_\_\_\_\_
6. The applicant adapts well to new technologies. (e.g., Computers, e-mail, etc.) \_\_\_\_\_
7. The applicant will be able to devote sufficient time to complete the Program. \_\_\_\_\_
8. The applicant's employer will likely be supportive of the applicant in completing the Program. \_\_\_\_\_

**Any additional information you feel may be relevant in connection with our review of the applicant may be attached.**

Respondent's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address (Required): \_\_\_\_\_

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



## Doctoral Applicant Reference Form

Applicant's Name: \_\_\_\_\_

The above-named individual has applied for admission to William Howard Taft University's *Doctoral Program*. To assist us in evaluating his/her readiness for doctoral study, it would be appreciated if you complete the following brief questionnaire.

Faculty, staff, and administration at William Howard Taft University are committed to making learning practical and accessible. The *Doctoral Programs* are presented on a directed independent study basis requiring no classroom attendance. (The *Catalog* can be viewed on the University's website, [www.Taft.edu](http://www.Taft.edu)) Students who are highly motivated and self-starters have been found to have a higher rate of success in the *Programs*. Consequently, your input is important in assisting us in selecting those students most likely to succeed in this type of format.

Please return the completed questionnaire to the above address. If you have any questions regarding this form or one of the *Doctoral Programs*, please feel free to contact the Admissions Office at the above toll-free number.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_

**Please rate the applicant for the remaining questions using the following scale:**

5 – strongly agree 4 – somewhat agree 3 – no opinion 2 – somewhat disagree 1 – strongly disagree

3. The applicant has the academic ability to complete a doctoral program. \_\_\_\_\_
4. The applicant has the motivation to complete a doctoral program. \_\_\_\_\_
5. The applicant is good at prioritizing tasks. \_\_\_\_\_
6. The applicant adapts well to new technologies. (e.g., Computers, e-mail, etc.) \_\_\_\_\_
7. The applicant will be able to devote sufficient time to complete the Program. \_\_\_\_\_
8. The applicant's employer will likely be supportive of the applicant in completing the Program. \_\_\_\_\_

**Any additional information you feel may be relevant in connection with our review of the applicant may be attached.**

Respondent's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address (Required): \_\_\_\_\_

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