Office of Admissions Virginia State University P. O. Box 9018 Petersburg, VA 23806

APPLICANT: Please fill in your complete name, social security number, and the semester you wish to attend. Have reference information completed by a non-relative, preferably a school administrator, teacher, guidance counselor, minister, employer, etc.

| Name | Social Security Number | | | |
|---|---|---|-----------------------|--|
| Semester Applying For: YEAR | □ FALL | □ SPRING | | |
| Indicate your relationship to the applicant: Teacher/Guidat Other (explain) | nce Counselor 🛛 Minister | □ Employer | □ VSU Alumnus | |
| How long have you known the applicant? Year(s): | Month(s): | : | | |
| Evaluate the applicant's personal qualifications using th1 – Outstanding2 - Above Average3 - Average | | 5 - No Basis for | ·Judgment | |
| Dependability: Reliable, Prompt, Good Attendance Moral Character: Well mannered, sincere, considerate Appearance: Well-groomed, good appearance | Quality of Work: Shows in Maturity: Self-confident, Basic Attitudes: Positive t | poise, works well | with others | |
| Additional Comments: | | | | |
| SignatureTi | Title | | Date | |
| VIRGINIA STATE UNIVERSITY REFERENCE FORM (Two references required. Use of this form is optional.) | Return this form to: | Office of Admissions Virginia State University P. O. Box 9018 Petersburg, VA 23806 | | |
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