

College Conduct Board Reference Form

Applicant Name:

Position(s) Applied for:

COLLEGE CONDUCT BOARD REFERENCE FORM

(APPLICANT'S NAME)

Is applying for a position within the College Conduct

Board.

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

List **three characteristics** you would consider the applicant's greatest strengths:

List **three characteristics** you would consider the areas the applicant most needs to work on/develop:

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Please assess the applicant's strengths and weaknesses in relation to the characteristics below by using the following scale.

Excellent (5) seems to have superior knowledge or expertise; **Above Average (4)** seems to have strong knowledge or expertise; **Average (3)** seems to have some knowledge or expertise; **Below Average (2)** seems to have limited knowledge or expertise; **Poor (1)** seems to have no knowledge or expertise; **Cannot Say (CS)**

_____ approachability	_____ ability to relate to different types of people	_____ diplomacy
_____ fairness and impartiality	_____ ability to balance multiple responsibilities and stress	_____ ability to respond to different types of problems
_____ self-awareness and self acceptance	_____ leadership skills	_____ demonstrates commitment to diversity
_____ listening ability	_____ trustworthiness	_____ respect for others and their rights
_____ ability to be non-judgmental	_____ level of respect by peers	
_____ dependability		

Please respond to the following specific questions.

1. How does the applicant relate to peers day-to-day in a group situation?

2. How does the applicant handle responsibility?

3. How does the applicant manage competing priorities?

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Using the 1-5 scale described on the other side, how would you assess the applicant's overall potential as a leader?

Please take the time to make some specific comments about the applicant and their potential as a leader. Please feel free to attach additional sheets if necessary. We've found that such information proves especially helpful in making final decisions.

Your name _____

Position _____

Address _____

Telephone number (_____) _____

Please return completed form to:
OFFICE OF STUDENT AFFAIRS
CLARK HALL 101
SMITH COLLEGE
NORTHAMPTON, MA 01063