

UNIVERSITY OF DALLAS
Rome Student Assistant Application

RESIDENT ASSISTANT RECOMMENDATION
(THIS FORM MAY BE COPIED.)

(TOP PORTION IS TO BE COMPLETED BY APPLICANT.)

Name of Applicant: _____

Waiver of Access to Recommendation

I hereby waive my right under the Family Educational Rights and Privacy Act of 1974, as amended, to inspect or review this letter or statement of recommendation submitted by a staff member or outside source.

I certify that this waiver is given voluntarily to me.

Applicant's Signature _____ Date _____

I do not wish to waive my rights to inspect or review this letter.

Applicant's Signature _____ Date _____

Name of Resident Assistant _____

Campus Phone Number _____

Have you read the job abstract describing the Rome Student Assistant position? **YES** [] **NO** []

*If you have not read the abstract, please contact the Rome Office for a copy before completing the recommendation.

How long have you known the applicant? (mo/yr) _____

As an RA how often did you communicate with the applicant? _____

Based on the abstract, please comment upon the way the applicant has demonstrated a level of maturity/responsibility sufficient to fulfill the Student Assistant position. For example, has the student exemplified leadership abilities? How has he/she been a positive peer influence?

Please describe a particular action or conversation which would offer insight into the applicant's willingness to help others.

To your knowledge, has the student been involved in any questionable situations or incidents which would call into question his/her ability to fully commit to the SA position? Has the student's past behavior revealed any obstacles that would stand in his/her way of being an Assistant?

Please attach any additional comments regarding the applicant.

RA's signature _____ Date _____

Please return this recommendation to the applicant or email the item to udrome@udallas.edu.