



**Beacon  
College**

Office of Enrollment Management  
105 E. Main Street  
Leesburg, FL 34748  
[www.beaconcollege.edu](http://www.beaconcollege.edu)  
(352) 638-9731  
Fax (352) 787-0796

### Reference Form for International Students

**Applicant:** Print or type your name, address, phone number and e-mail below then give this form to one of your references. Please note that **three references** are required and can be from any of the following: **teachers, tutors, and or** guidance **counselors**. Mail reference form to: Admissions, Beacon College, 105 East Main Street, Leesburg, FL 34748 **or** you may fax it to (352) 787-0796 **or** you may scan and email completed form to [admissions@beaconcollege.edu](mailto:admissions@beaconcollege.edu) .

*Beacon College is authorized by Federal law to enroll nonimmigrant students.*

**Applicant Name:** \_\_\_\_\_  
**Permanent Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Country:** \_\_\_\_\_  
**Home Phone:** ( ) \_\_\_\_\_ **Country Code:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1994, you have the right of access to your reference forms. You may waive this right, but it is not required for admissions. Sign the statement if you wish to waive your right. I hereby voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**To the person completing this form:** The above-named applicant is applying to Beacon College, a four- year liberal arts college exclusively for students with specific learning disabilities and/or ADD, and/or ADHD, and/or Gifted LD. If you believe you are not sufficiently acquainted with the applicant, please return the form to him or her.

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**How long have you known the applicant?**      Years: \_\_\_\_\_      Months: \_\_\_\_\_

**Reference Type:**      Teacher      Tutor      Guidance Counselor  
Other: \_\_\_\_\_

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What would you consider to be the applicant's area(s) of strength? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider to be the applicant's area(s) of weakness? \_\_\_\_\_

\_\_\_\_\_

In your opinion, is the applicant suited for college participation? If so, what support services do you think the applicant would need in order to be successful? If no, please explain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please rate the applicant's ability in the following areas:

<b>Adapts to change:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Advocates for self:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Forms peer relationships:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Manages anger:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Manages time:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Respects authority:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Exhibits independence:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Please rate the applicant's ability in the following areas:

<b>Motivation:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Initiative:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Creative qualities:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Self-discipline:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Responsibility:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>College readiness:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Intellectual curiosity:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Leadership:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Please rate the personal traits of this candidate:

<b>Integrity:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Civic Mindedness:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Perseverance:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Work Ethic:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

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**Today's Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Pref. Phone:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Alt. Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Best day/ time to contact:** \_\_\_\_\_