



UNIVERSITY of ST. THOMAS

College of Applied Professional Studies

Graduate School of Professional Psychology
School of Education

PERSONAL REFERENCE CONTACT INFORMATION

Admissions Application
School of Education

APPLICANT REFERENCE FOR

Name (Last, First, MI)

WAIVER OF RIGHT TO ACCESS CONFIDENTIAL STATEMENTS

"I hereby waive my right to inspect the personal reference letters which I am requesting as a requirement for admission. I understand I may not be required by the institution to waive that right as a condition for admissions, employment or honor."

Signature

Date

REFERENCE CONTACT INFORMATION 1

Name

Employer

Position

Work Address

City

State

Postal Code

REFERENCE CONTACT INFORMATION 2

Name

Employer

Position

Work Address

City

State

Postal Code

Mail this form to:

University of St. Thomas
School of Education Admissions
MOH 217
1000 LaSalle Ave
Minneapolis, MN 55403-2009

Or, fax to: 651-962-4169

Questions

651-962-4550 or 800-328-6819, Ext. 2-4550
education@stthomas.edu