



## Graduate Certificate in Computer Education

### **Applicant Reference Form**

Department of Mathematics and Computer Science  
6800 Wydown Boulevard  
St. Louis, Missouri 63105  
Fax: (314) 719-8051

Applicant please check one of the following:  
 I waive my rights to view this reference  
 I retain my rights to view this reference

Please return this form to:  
Dr. Mary K. Abkemeier, Program Director  
Master's Program in Computer Education  
mary.abkemeier@fontbonne.edu  
(314) 889-4508

Please give your evaluation of the above named applicant, including answers to the following questions, if possible. How long and in what capacity have you known the applicant? What are the applicant's strengths or abilities? Do you think the applicant should be accepted into the master's program in computer education?

Signature \_\_\_\_\_

Date \_\_\_\_\_

Reference's Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Place of Employment \_\_\_\_\_