

New Jersey City University

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Last Name	First Name	Social Security #
Degree	Major	Graduation Date

Please write a statement concerning the personal, social and professional qualities of the above candidate to the extent that you have been able to determine these in your contacts with this person. Use additional paper sheets if necessary. This non-confidential information will be used as a reference for prospective employers and may be viewed by the candidate.

STATEMENT

Name: (Type)	Signature
Organization	Position
Address	Date

Please return this form directly to:

**Graduate Placement
Academic Career Planning and Placement Office
New Jersey City University
2039 Kennedy Boulevard
Jersey City, New Jersey 07305.
(201) 200-3005/2006 / Fax: (201) 200-3229**