

LANDSCAPE ARCHITECT REFERENCE

Applicant's name: _____

Address: _____

1. Have you and applicant attended landscape architectural school together? Yes No
 If yes, give dates: from _____ to _____
 Name of school: _____

2. Have you been employed by, or been members of, the same firm? Yes No
 If yes, please supply the following information:

	<u>First</u>	<u>Other</u>
From - To		
Name of Firm		
City		
Applicant's Position		
Respondent's Position		

3. Have you known each other in any other connection? Yes No

A. Please indicate your expert opinion as to the applicant's qualifications to practice landscape architecture by placing an "X" in the appropriate spaces:

Phase of Practice	Excellent	Good	Satisfactory	Inadequate	Unknown
Technical Competence					
Professional Integrity					

B. Do you consider the applicant to be a competent practitioner? Yes No

Name of person supplying information (Please Print): _____

Profession/Occupation: _____

License number: _____ State in which you hold your license _____

Signature: _____ Date: _____

Phone number: _____

Please affix your professional seal in the box to the right.

