



## PROFESSIONAL REFERENCE

**TO THE APPLICANT:** Complete the top portion of this form. Provide the form and a stamped envelope addressed to Cabarrus College of Health Sciences, to the person who will complete the reference. Please choose people who are NOT relatives, friends, or parents of friends, and who have known you for six (6) months or more.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Last Four Digits of Social Security Number

\_\_\_\_\_  
Date

**TO THE REFERENCE:** Thank you for providing a reference for the above-named applicant. Please complete and return this form. A prompt response will be greatly appreciated so as to not delay the admission process for the applicant.

NAME: \_\_\_\_\_  
 (Last) (First) (Phone)  
 \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)

PLACE OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**NOTE:** *Please be sure to sign and date the bottom of this form.*

### ACADEMIC AND PERSONAL APPRAISAL

Please feel free to comment and give examples on the items below. If necessary, please attach an additional sheet of paper containing your comments.

	Weak (Lower 50%)	Good/ Average (Top 50%)	Very Good (Top 25%)	Excellent (Top 15%)	Outstanding (Top 2%)	Unable to assess	Comments
Accountability							
Attendance							
Maturity							
Initiative							
Honesty/Integrity							
Motivation							
Perseverance							
Punctuality							
Effective Communication							
Accomplishes Tasks							
Works as a team member							
Works independently							
Time Management							
Critical Thinking							

**What do you consider to be strengths of the applicant?**

**What do you consider to be weaknesses of the applicant?**

Based on your overall appraisal of the applicant, do you:

- Recommend Highly       Recommend       Hesitate to Recommend       Do not Recommend

If you selected **Hesitate to Recommend** or **Do Not Recommend** (please explain why):

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please complete and return to:**  
**Office of Admissions**  
**Cabarrus College of Health Sciences**  
**401 Medical Park Drive, Concord, NC 28025**  
or [documents@cabarruscollege.edu](mailto:documents@cabarruscollege.edu)  
**Fax: 704-403-2077**

**Questions? Call 704-403-1556**