

## **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 F	Print) Last Four Digits of Social	Security Number	Date	
	you for providing a reference for the above appreciated so as to not delay the admissio		mplete and return this form.	
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	e weaknesses of the appli	icant?						
Based on your overall appra	aisal of the applicant, do ye	ou:						
□ Recommend Highly	□ Recommend	□ Hesitate to Recommend	Do not Recommend					
		t Recommend (please explain why):						
SIGNATURE:		DATE:						
Please complete and return to: Office of Admissions Cabarrus College of Health Sciences 401 Medical Park Drive, Concord, NC 28025 or <u>documents@cabarruscollege.edu</u> Fax: 704-403-2077 Questions? Call 704-403-1556								