

401 Medical Park Drive · Concord, NC 28025 · 704-403-1556 www.cabarruscollege.edu admissions@cabarruscollege.edu

PROFESSIONAL REFERENCE

| TO THE APPLICANT: | stamped envelope addressed to complete the reference. Please ends, and who have known you | | | | | | | | | |
|---|---|---|--------------------------------|--|--|--|--|--|--|--|
| Applicant's Name (Pleas | e Print) | Last Four Digits of Social Security Number | Date | | | | | | | |
| TO THE REFERENCE: | return thi admissio | 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 not to delay the admission process for the applicant. NOTE: <i>Please be sure to sign and date the back of this form.</i> | | | | | | | | |
| How long have you known the In what capacity? | e Applicant | Employer Co-Worker Counselor/Minister Teacher Other (Please describe your relationship. T | This can not include relatives | | | | | | | |

ACADEMIC AND PERSONAL APPRAISAL *

| | Outstanding | Good | Needs Improvement | Not Observed | Comments |
|-------------------------------|-------------|------|----------------------|-----------------|----------|
| Accountability | | | | | |
| Attendance | | | | | |
| Compatibility With Healthcare | | | | | |
| Emotional Stability | | | | | |
| Initiative | | | | | |
| Integrity | | | | | |
| Leadership Ability | | | | | |
| Maturity | | | | | |

| | Outstanding | Good | Needs Improvement | Not Observed | Comments |
|--|-------------|--------|----------------------|-----------------|----------------------|
| Motivation | | | | | |
| Overall Academic Ability | | | | | |
| Perseverance | | | | | |
| Personal Appearance | | | | | |
| Punctuality | | | | | |
| Speaking Skills | | | | | |
| Ability to accomplish tasks Ability to work as a team member | | | | | |
| Ability to work | | | | | |
| independently Writing Skills | | | | | |
| What do you consider t Based on your overall a | | | | | |
| ☐ Recommend Highly | ⊓ Reco | ommend | ☐ Hesitate | to Recomm | end Do not Recommend |
| NAME: | (Last) | | (First) | | (Phone) |
| | | | (Street Address | s) | |
| | (City) | | | (State) | (Zip Code) |
| PLACE OF EMPLOYN | | | | | (|
| POGITION | <u> </u> | | | | |
| SIGNATURE: | | | | | DATE: |

Please complete and return to the Office of Admissions at Cabarrus College of Health Sciences.

The college promotes equal educational opportunities regardless of race, creed, color, religion, sex, age, marital status, disability, and national origin, and does not knowingly practice discrimination in its recruiting, admissions, promotions, graduation and withdrawal policies or in any other activities affecting students.