



Great Bay Community College

PROFESSIONAL REFERENCE FORM

Complete and Return To:

Admissions

Great Bay Community College

320 Corporate Drive, Portsmouth, NH 03801 (603-427-7610)

APPLICANT INFORMATION:

_____ / ____ / ____
 Last Name First Name Middle Initial Date of Birth

CHECK DESIRED PROGRAM & SEMESTER:

- Nursing
 Fall 2016 Fall 2017 Fall 2018

I hereby waive any right to examine this evaluation. I understand that the information contained on this form will be used to evaluate my application for admission to the above program of study. I realize that a waiver of my right to access this evaluation is not a consideration of my admission. *Please note: this form cannot be accepted without applicant signature below.* I AGREE to the above waiver I DO NOT AGREE to the above waiver

_____ / ____ / ____
 Applicant Signature Date

REFERENCE INFORMATION:

_____ _____ _____
 NAME PHONE EMAIL

_____ _____
 COMPANY POSITION

How long have you known the applicant? _____

Relationship with the applicant? (please check only one box)

- Employer/Employee Professional/Client (eg. Clergy/Congregant, Doctor/Patient, Counselor/Client)
 Teacher/Student Other please describe _____

If an employer, please complete this information:

Term of applicant's employment: From ____/____ to ____/____

Place of Employment _____ Reason for leaving _____

Your thoughtful and fair assessment of this candidate's qualifications and potential in their desired program of study will be most useful in consideration for admission. On a scale of 1-5 please rate the applicant's ability and demonstrated competency in the following areas. Check the appropriate ranking with 1 being unsatisfactory and 5 being excellent.

Sets and achieves realistic goals ①②③④⑤	①②③④⑤	Exhibits a positive attitude
Works well under pressure ①②③④⑤	①②③④⑤	Is empathetic to other points of view
Is detail-oriented ①②③④⑤	①②③④⑤	Cooperates with others
Comprehends oral and written instructions ①②③④⑤	①②③④⑤	Properly expresses self written and verbally
Is self-motivated and actively involved in the learning/working process ①②③④⑤		
Demonstrates sound decision making skills and ability to problem solve ①②③④⑤		

_____ / ____ / ____
 Referrer Signature Date