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PROFESSIONAL REFERENCE

TO THE APPLICANT: Complete the top portion of this form and give this, 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

I do hereby waive my right and access to this evaluation, as provided in the Family Educational Rights and Privacy Act of 1974.

 Applicant's Signature
 (optional)

TO THE REFERENCE: Thank you for providing a reference for the above named applicant. Please complete and return this form in the enclosed pre-addressed, stamped envelope. A prompt response will be greatly appreciated so as not to delay the admission process for the Applicant. **NOTE: Please be sure to sign and date the back of this form.**

How long have you known the Applicant? _____.

In what capacity? _____

- _____ Employer
- _____ Co-Worker
- _____ Counselor/Minister
- _____ Teacher
- _____ Other (Please describe your relationship. This can not include relatives, friends, or parents of friends.)

ACADEMIC AND PERSONAL APPRAISAL *

	Outstanding	Good	Needs Improvement	Not Observed	Comments
Accountability					
Attendance					
Compatibility With Healthcare					
Emotional Stability					
Initiative					
Integrity					

