



Post Office Box 1420
Lumberton, North Carolina 28359
Phone: (910) 272-3700

Health Science Reference Form Instructions

To the Writer of the Reference:

1. Under the provisions of the Family Educational Rights and Privacy Act of 1974, the applicant has the option of waiving the right to access his/her evaluation. Please determine which option the applicant has chosen. If the applicant has neglected to sign the form and check an option, please return the evaluation form to him/her. Remember, the signature gives you written permission to evaluate the applicant, "in accordance with your own professional and ethical standards."
2. On the evaluation form, please provide both ratings and a written statement regarding the candidate's general ability.
3. Please place the completed form in an envelope, (provided by the candidate), write your signature across the sealed flap and return to candidate.
4. Thank you for helping determine the qualifications of applicants stating interest in our Health Science Programs.



Post Office Box 1420
Lumberton, North Carolina 28359
Phone: (910) 272-3700

**Health Science
Reference Form Waiver**

Reference for: _____

Date: _____

Dear _____:

This letter is a request that you evaluate my qualifications and suitability for admission to a Health Science Program at Robeson Community College according to my performance with you as my teacher, supervisor, employer and/or other _____
[Circle appropriate one(s)]. I hereby grant you permission to rate my personal and professional traits below in accordance with your own professional and ethical standards. This letter will become a part of my admissions file. Thank you for your assistance.

I do not waive my rights of access to this evaluation and ask that it be non-confidential.

I hereby waive my right of access to and ask that this evaluation be confidential.

Applicant's Signature: _____

Student ID: _____

ROBESON COMMUNITY COLLEGE

Reference Letter

_____ has applied for admission into a Health Science Program at Robeson Community College. We would like your candid opinion of the applicant's suitability for this program. The information provided will be given careful consideration and will be kept in utmost confidence.

1. How many years have you known the applicant? _____
2. What has been your connection/relationship with the applicant? _____
3. In your opinion, how well suited is the applicant for this career? _____
4. Would you be willing to employ this person in the health field if you were in a position to do so? _____
5. Remarks: (Please add any further comments that you consider pertinent to our giving full consideration to this applicant's request.)

(Use backside of sheet if needed)

TRAIT	SUPERIOR	GOOD	AVERAGE	FAIR	POOR	NOT OBSERVED
Intelligence						
Power of Expression	Oral					
	Written					
Character						
Initiative						
Leadership						
Personality						
Emotional Stability						
Academic Preparation						
Ability to Work with Others						
Personal Appearance						

Print Name

Signature

Title

Date