ROBESON COMMUNITY COLLEGE
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.

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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 [Circle appropriate one]. I hereby grant you permission to rate my academic 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.

- How many years have you known the applicant? _____
- How do you know the student? **Circle one: Instructor or Employer**
  - Instructor: What course did you teach the student? _____
    - Was the course online or face-to-face? _____
    - Was the student able to meet deadlines with quality work? _____
  - Employer: Name of business/ facility? _____
  - Please provide your job title here:

    _____
- On a scale of 0-5 with 0 being "not at all suited" and 5 being "very well suited," in your opinion, how well suited is the applicant for this career? _____
- Would you be willing to employ this person in the health field if you were in a position to do so?

  Circle one: Yes or No

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

If you responded "superior" or "poor" for any of the above, please explain why on the next page.

Please explain any responses of "superior" or "poor" here:

Remarks: Please add any additional comments you consider pertinent to our giving full consideration to this applicant's request.

Print Name

Signature

Date