



STUDENT REFERENCE

The below student applicant has applied for employment/internship and has given your name as a faculty reference. Please check the column that most clearly characterizes your appraisal of this student. Please complete this reference and return it by fax (706-721-1126) within 2 days of receipt.

Name: _____ SSN: _____

Title Applied for: _____

School: _____ Graduation Date: _____

I agree to the release of any information you may have on my clinical/professional performance.

Applicant's Signature and Date

Completed by Faculty

Please place an X in the box that most appropriately describes the applicant.	SUPERIOR	GOOD	AVERAGE	POOR
Academic Performance				
Critical Thinking Skills				
Clinical/Technical Competence				
Organizational Skills				
Interpersonal Skills				
Reliability/Dependability				
Professional Attitude				
Appearance/Grooming				
Attendance/Punctuality				
Leadership Qualities				

Faculty Name _____

Faculty Signature _____ Date _____

Questions regarding reference, please contact MCGHealth, Human Resources at 706-721-3921.