



Student & New Graduate Reference Request
Please complete 3 separate forms and deliver to 3 different faculty members

FROM: Recruitment
MCGHI
1120 15th Street BAA 2323
Augusta, GA 30912
Fax: (706) 721-1126

TO: _____

Phone: _____
Fax: _____

Name: _____ SSN: _____

Title Applied for: _____

School: _____ Graduation Date: _____

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

Candidate's Signature

Area Below is to be completed by Faculty

To the Instructor: The above applicant has applied for employment and has given your name as a faculty reference. Please check the column that most clearly characterizes your appraisal of this applicant. Please complete this reference and return it by mail or by fax: (706) 721-1126.

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				

In comparison with others in the graduating class, how would you rank this graduate? (Circle one)

Upper 10% Upper 25% Middle Lower 25% Lower 10%

Instructor's Name:	Title:
Signature:	Course:



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