

Admissions Reference Form for Georgia Highlands College Dental Hygiene Application

Georgia Highlands College
Dental Hygiene Department
415 East Third Avenue
Rome, GA 30161

Directions:

Applicant complete Part I prior to submitting form to reference (type or print legibly) We recommend that you follow up with our office to make sure all reference forms have arrived prior to deadline. **Please sign that you waive the right to view your references prior to sending the form to your reference.**

***Reference complete Part II**

Reference **MUST** return form directly to the Dental Hygiene Office at the above address in a **sealed envelope with their signature over flap**. Reference form must be received in office prior to **March 1st. No faxed forms will be accepted.**

Part I: (To be completed by applicant)

NAME OF APPLICANT

NAME OF REFERENCE

TELEPHONE NUMBER OF REFERENCE (INCLUDING AREA CODE)

I HEREBY WAIVE MY RIGHT TO VIEW THIS COMPLETED FORM

_____ (applicant signature)

Part II: (To be completed by reference)

To the reference: The above named applicant has applied to the dental hygiene program at Georgia Highlands College and has given your name as a reference. We would appreciate your candid appraisal of this applicant and return of this report at your earliest convenience. Thank you for your assistance in evaluating this applicant.

1. I have known this applicant _____ year in the capacity of

2. Do you have any reason to doubt this applicant's integrity? ___Yes___No
If yes, please explain separately.

3. Do you think the applicant is prepared to undertake the course of study for which he/she is applying?

___Definitely ___Probably ___Doubtfully ___Not at all ___Unknown

4. Please make your appraisal of the characteristics listed below based on **quartile comparison** of the applicant with his/her peer group and within the framework of your knowledge of the applicant within the group. Place a check mark under appropriate heading for each characteristic. Check "Not Observed" if you don't know:

	Highest	Second Highest	Third Highest	Lowest	Not Observed
General Academic Ability					
Industry/Perseverance					
Facility for Oral Expression					
Facility for Written Expression					
Inquisitiveness					
Imagination					
Motivation for field of work					
Ability to work with others					
Attitude toward criticism					
Maturity					
Emotional Stability					

5. Please comment on any particularly outstanding traits or characteristics of the applicant, giving supporting or illustrative details. (Please use additional paper if necessary).

6. Please indicate your overall recommendation:

Not recommended Recommended with reservation Recommended strongly

Signature of Reference

Date Completed

Company

Position or Title

This form will be considered invalid if it is not signed by reference. Please return to our office or the applicant in a sealed envelope with your signature over the flap. Thank you