PROFESSIONAL REFERENCE

_____ has given this form to you so that you may give a
(Student Applicant's Name): "Please Print"
reference for admission into St Louis College of Health Careers.

WAIVER

The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission. If you elect to waive YOUR right of access to and review of this information, please sign your name.

_____ _____
(Date) (Applicant Signature)

Length of acquaintance: Years: _____ Months: _____ Semesters: _____

RATING OF APPLICANT: (Based upon your direct observation and knowledge of the applicant, place an "X" in the appropriate column)

	Exceptional	Above Average	Average	Below Average	Not Observed
Ability to work with a group					
Organizational Qualities					
Writing Ability					
Interpersonal Skills					
Adaptability/Flexibility					

(OVER)

ST. LOUIS COLLEGE of HEALTH CAREERS

	Exceptional	Above Average	Average	Below Average	Not Observed
Acceptance of constructive criticism					
Confidence					
Verbal Communication Skills					
Initiative					

OPTIONAL COMMENTS: (E.G., Potential for success, academic achievement, attitude, etc.)

_____

_____

_____

_____

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title or Position: _____

Address (Print): _____

_____

PLEASE RETURN THIS FORM TO THE APPLICANT OR DIRECTLY TO:

St. Louis College of Health Careers
Admissions Department
1297 North Highway Dr.
Fenton, MO 63026
Fax: (636) 489-2279
ahyde@slchc.edu

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