

NHTI PROFESSIONAL REFERENCE FORM



- **Applicants:** Please complete the top section of this form and give it to your reference. Friends and family members are **not** considered professional references.
- **Reference Writer:** Please complete the bottom section and return the form directly to the NHTI Admissions Office. It can be emailed as an attachment to NHTIAdmissions@ccsnh.edu or mailed to: **NHTI - Concord's Community College, ATTN: Admissions Office, 31 College Drive, Concord, NH 03301**

Applicant Information

To be completed by the Applicant: (Please Print)

_____ / _____ / _____
 Last Name First Name Middle Initial Date of Birth (MM/D/YYYY)

_____ State Zip Code
 Street Address

I hereby waive any right to examine this evaluation. I understand that the information contained on this form will be used to evaluate my application for admission. I realize that a waiver of my right to access this application is not a consideration of my admission. *This form cannot be accepted without the applicant's signature below.*

___ I AGREE to the above waiver ___ I DO NOT AGREE to the above waiver

_____ / _____ / _____
 Applicant Signature Date

Reference Information

To be completed by the Reference Writer:

The above named applicant is a candidate for admission to NHTI-Concord's Community College. We would appreciate your candid evaluation of the applicant's past performance and potential for success in college and the program to which the student has applied. If the applicant has agreed to the above waiver, NHTI will treat this evaluation with confidence. When you have completed this form, please sign and mail the form directly to the Admissions Office. **References are valid for one year only.**

Name of Reference: _____ Phone: _____

Business/Agency & Job Title: _____

How long have you known the applicant? _____

In what capacity do you know the applicant?

- Employer Professional/Client (eg. Advisor, Clergy/Congregant, Doctor/Patient)
 Teacher Other (please describe): _____

	EXCELLENT	GOOD	FAIR	POOR	NO BASIS FOR EVALUATION
Understands written instructions					
Expresses written language clearly					
Follows oral instructions					
Clearly articulates thoughts					
Ability to work well with others					
Ability to work under pressure					
Ability to attend to details					
Demonstrates problem-solving skills					
Is empathetic					
Exhibits a positive attitude					
Is accountable for actions					
Is self-motivated					

Describe particular strengths and weaknesses of the applicant that would affect performance in the candidate's program of choice. Please use the reverse of this form or attach an additional sheet to comment more extensively. Thank you!

_____ / _____ / _____
 Reference Signature Date