



CNCC Dental Hygiene Program Letter of Reference



The Letter of Reference Form is not considered valid and points will not be awarded without the signature of the Reference on the bottom of this form. The Letter of Reference Form must be received by the Dental Hygiene Program by the appropriate deadline (Guaranteed Admission Application – June 1^h, or Competitive Entry Application – February 1st). Should deadline date fall on a weekend all materials will be accepted till 5:00 pm the Monday following the deadline. Thank you for your timely assistance. (Please print or type)

Applicant Information

Applicant Name (first, last):	Date:
Applying for: <input type="checkbox"/> Guaranteed Admission Program <input type="checkbox"/> Competitive Entry Admission	

The person named above is applying to Colorado Northwestern Community College’s Dental Hygiene Program. The applicant has requested that you complete the following form as a part of his/her application process. Please complete this form thoroughly. If you need additional space to answer any of the items below, please attach a separate sheet of paper. Please feel free to attach a formal letter of reference or any additional information you feel would be useful or relevant to the evaluation of the applicant.

Reference Information

Name of Reference:	Position of Reference:	
Relationship to Applicant:	How well do you know the applicant? <input type="checkbox"/> Very Well <input type="checkbox"/> Moderately Well <input type="checkbox"/> Casually	
Address:		
Phone:	Fax:	Email:
Preferred method of contact for verification (method and time):		

For each of the following, please check the rating that most accurately describes the applicant’s standing in the following areas:

	Unknown	Rarely	Sometimes	Frequently	Consistently
Dependability					
Professionalism					
Leadership potential					
Ability to work independently					
Works well with others					
Ability to learn new tasks/skills					
Meets work/academic expectations					
Communications skills					
Ability to accept criticism					
Demonstrates a positive attitude					

What do you consider to be the applicant's challenges or areas for continued growth?

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Your recommendation of this applicant for admission to the CNCC Dental Hygiene Program is: (check one)

Highly recommend Recommend Recommend with reservations Do not recommend (please comment)

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Personal Comments: What should the Dental Hygiene Program know that would allow our staff (faculty, campus counselor, and other student support staff) to be helpful to this applicant?

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Additional Comments:

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I certify that the above statements are true and correct to the best of my knowledge

Signature of Reference:

Date:

(Signature)	(Date)
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