



**Paine College**  
Office of Admissions

1235 Fifteenth Street  
Augusta, Georgia 30901  
Tel: 706.821.8320  
Tel: 1.800.476.7703  
Fax: 706.821.8648

## Reference Form

APPLICANT NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 ENTITLES STUDENTS TO HAVE ACCESS TO THEIR LETTERS OF REFERENCE IN THE PERMANENT FILE AT PAINE COLLEGE. THE STUDENT MAY WAIVE THIS RIGHT OF ACCESS, IN WHICH CASE THE REFERENCE WILL BE CONSIDERED CONFIDENTIAL AND WILL NOT BE AVAILABLE TO THE STUDENT. IF YOU WISH TO WAIVE YOUR RIGHT OF ACCESS TO THIS REFERENCE, PLEASE SIGN BELOW. I HEREBY WAIVE MY RIGHT OF ACCESS TO THE REFERENCE FORM.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **TO BE COMPLETED BY THE EVALUATOR:**

Years known student \_\_\_\_ In what capacity? \_\_\_\_\_

Student's strength \_\_\_\_\_

Student's weakness \_\_\_\_\_

**PLEASE RANK THE STUDENT IN THE CATEGORIES LISTED BELOW USING THE FOLLOWING:  
O—Outstanding G—Good A—Average P—Poor N—No Basis for Judgement**

\_\_\_\_ WRITTEN COMMUNICATION SKILLS  
\_\_\_\_ ORAL COMMUNICATION SKILLS  
\_\_\_\_ ANALYTICAL ABILITY  
\_\_\_\_ SELF-DISCIPLINE  
\_\_\_\_ INTELLECTUAL ABILITY  
\_\_\_\_ ORGANIZATIONAL ABILITY

\_\_\_\_ INITIATIVE  
\_\_\_\_ MATURITY  
\_\_\_\_ LEADERSHIP  
\_\_\_\_ JUDGEMENT  
\_\_\_\_ INTEGRITY

\_\_\_\_ Strongly Recommend    \_\_\_\_ Recommend    \_\_\_\_ Recommend With Reservations

**THANK YOU FOR COMPLETING THIS EVALUATION, PLEASE MAKE ANY  
ADDITIONAL COMMENTS ON BACK.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PLEASE RETURN TO:**  
**Paine College Office of Admissions**  
**1235 15<sup>th</sup> Street,**  
**Augusta, GA 30901**

