



Office of Admissions

1235 Fifteenth Street
Augusta, Georgia 30901
Telephone: 706.821.8320
Toll free: 1.800.476.7703
Fax: 706.821.8648

Reference Form

APPLICANT NAME _____ Student ID _____

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 | _____ INITIATIVE |
| _____ ORAL COMMUNICATION SKILLS | _____ MATURITY |
| _____ ANALYTICAL ABILITY | _____ LEADERSHIP |
| _____ SELF-DISCIPLINE | _____ JUDGEMENT |
| _____ INTELLECTUAL ABILITY | _____ INTEGRITY |
| _____ ORGANIZATIONAL ABILITY | |

____ 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 Fifteenth Street
Augusta, GA 30901**