



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