

# MANCHESTER COMMUNITY COLLEGE

## Professional Reference Form

**To the Applicant:** Please complete the top section of this form and give it to your reference. Your reference must be able to evaluate your academic performance and aptitude, your ability to perform capably in positions of responsibility, and your potential to achieve the objectives of this program. Friends and family members are **not** considered professional references.

**To the Evaluator:** When you have completed this form, please scan and email to [MCCNursingAdmissions@ccsnh.edu](mailto:MCCNursingAdmissions@ccsnh.edu). References emailed from the applicant will not be accepted.

### Applicant Information

To be completed by the Applicant:

**Name of Applicant:** \_\_\_\_\_

(Last)

(First)

(M.I)

Last 4 digits of SS#: \_\_\_\_\_ Desired program of study: Advanced Nursing (LPN-RN)

This recommendation will become part of your admissions file. It will be used only for admissions consideration and will not be disclosed to any unauthorized individual without your consent. If you are admitted to the Nursing program, you will be given access to the contents of this reference form unless you voluntarily waive your right of access.

\_\_\_ I AGREE to the above waiver

\_\_\_ I DO NOT AGREE to the above waiver

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Dated

To be completed by the Evaluator:

The above-named applicant is a candidate for admission to the Nursing program at Manchester Community College. We appreciate your candid evaluation of the applicant's past performance and potential for success in this program. If the applicant has agreed to the above waiver, the college will keep this evaluation confidential.

How long have you known the applicant? \_\_\_\_\_

Which best describes your professional relationship with the applicant?

Employer

Professional (e.g. Guidance Counselor/Teacher/Faculty/Academic Advisor/Clergy)

Other (please describe): \_\_\_\_\_

Your thoughtful and frank estimate of this applicant's qualifications and potential will be used in consideration for admission. On a scale of 1-5, please rate the applicant's ability in the areas below.

**Circle the appropriate ranking with 1 being Unsatisfactory and 5 being Excellent.**

Qualifications and Skills	Unsatisfactory		Average		Excellent
	1	2	3	4	5
Establishes good working relationships: Cooperates with others	1	2	3	4	5
Communication: Strong verbal and interpersonal skills, articulates well	1	2	3	4	5
Exhibits social skills necessary to treat individuals equally regardless of race, religion, gender, disability, sexual orientation, age or value system	1	2	3	4	5
Respectful and open-minded to other points of view	1	2	3	4	5
Displays empathy toward others	1	2	3	4	5
Ability to cope with variations of workload and stressful situations	1	2	3	4	5
Demonstrates problem solving skills: Effective use of judgment to assess situations and ability to solve problems efficiently	1	2	3	4	5
Ability to organize, prioritize, and work under pressure	1	2	3	4	5
Adapts easily to change	1	2	3	4	5
Takes accountability for actions	1	2	3	4	5
Acts with integrity and honesty	1	2	3	4	5
Protects confidential information, uses discretion on when and where to share and discuss information with appropriate individuals	1	2	3	4	5
Able to retain facts and grasps new concepts quickly	1	2	3	4	5
Follows oral instructions	1	2	3	4	5
Comprehends and composes the written language accurately	1	2	3	4	5
Attentive to detail and accuracy	1	2	3	4	5
Exhibits a positive attitude	1	2	3	4	5
Demonstrates self-motivation and initiative	1	2	3	4	5
Sets and achieves realistic goals	1	2	3	4	5
Proficient computer skills	1	2	3	4	5

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Agency \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Agency Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When you have completed this form, please scan and email to [MCCNursingAdmissions@ccsnh.edu](mailto:MCCNursingAdmissions@ccsnh.edu)

**Thank you!**