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dential Reference Form

To be completed by the applicant:

Name of Applicant
EMCC Student ID Number
Intended Program of Study

Recommendations must be completed by professional or academic persons (e.g. work supervisor, guidance counselor, professor/instructor/teacher); recommendations from family members, friends, or co-workers are not acceptable. Since candid appraisals of applicants are used as important acceptance criteria by the Admissions Committee, we would greatly appreciate your cooperation in promptly completing and returning this form. All references are considered confidential and must be sent directly from the person who completes it to: Eastern Maine Community College Admissions Office, 354 Hogan Road, Bangor, Maine 04401. Applicants do not have access to references sent in on their behalf.

How long and in what capacity have you known the applicant?

What are the applicant's strengths?

In what area(s) does the applicant need to improve?

PLEASE RATE THE APPLICANT ON THE QUALITIES LISTED BELOW USING THE KEY PROVIDED.

1=Poor  2=Below Average  3=Average  4=Above Average  5=Outstanding  N/A=Not Able to Comment

_____ Motivation  _____ Maturity
_____ Commitment to the Intended Program of Study  _____ Organization Skills
_____ Aptitude for the Intended Program of Study  _____ Independence
_____ Mechanical Aptitude  _____ Consistency in Meeting Deadlines
_____ Ability to Get Along with Others  _____ Responsibility

OVERALL RECOMMENDATION:

<table>
<thead>
<tr>
<th>Poor Candidate</th>
<th>Below Average</th>
<th>Average Candidate</th>
<th>Above Average</th>
<th>Outstanding Candidate</th>
</tr>
</thead>
</table>

NAME: ___________________________ POSITION: ___________________________

COMPANY/SCHOOL NAME: ___________________________ PHONE: ___________________________

SIGNATURE: ___________________________ DATE: ___________________________

EMCC is an equal opportunity/affirmative action institution and employer. For more information, please call 207.974.4633.