

# MANCHESTER COMMUNITY COLLEGE

1066 Front Street, Manchester, NH 03102 P: (603) 206-8106 F: (603) 206-8275  
www.mccnh.edu

## Professional Reference Form

Name of Applicant: \_\_\_\_\_  
(Last) (First) (M.I.)

Last 4 digits of SS#: \_\_\_\_\_ Desired program of study: Nursing

### To the Applicant:

Please select two persons who know you but are not related to you that are willing and capable of evaluating:

1. Your academic performance and aptitude
2. Your ability to perform capably in positions of responsibility
3. Your potential to achieve the objectives of this program of study

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.

Release of access to this reference: The applicant must complete and sign one of the following statements before submitting this form to the evaluator per Federal Law P.L. 93-380 (*Family Educational Rights and Privacy Act of 1974*).

I hereby voluntarily waive and relinquish any right of access to this confidential reference.  Date: _____  Signed: _____	I retain my rights to access this confidential reference.  Date: _____  Signed: _____
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**Note: Professional references must be completed, placed in a sealed envelope, given back to the applicant, and submitted to MCC in the white packet along with all other documents.**

### To 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. When you have completed this form, please sign and mail it directly to the applicant in the self-addressed envelope provided.

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 (must be supervisory role).

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.**

<b>Qualifications and Skills</b>	Unsatisfactory		Average		Excellent
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: \_\_\_\_\_

**\* Do not mail this form to the Office of Admissions.**

**Please return all Professional References to the applicant.**

**Applicant: References must be returned with your Nursing Packet.**

