

STUDENT REFERENCE FORM

Aultman College of Nursing and Health Sciences

Aultman College
of Nursing and
Health Sciences

2600 Sixth Street SW
Canton, OH 44710

(330) 363-5075
www.aultmancollege.org

Name of Applicant _____
applying to Aultman College of Nursing and Health Sciences.

We would appreciate it if you would take a moment to answer some questions about this individual. The purpose is to help us evaluate this applicant's suitability for our education program(s). All comments will be held in **strictest confidence** except for as required by law and/or policies. Please mail reference form to:

**Office of Admissions
Aultman College of Nursing and Health Sciences
2600 Sixth St. SW
Canton, Ohio 44710**

1. How long have you known this person? _____ Dates _____
2. What was your working relationship with him/her?
3. Please list the strengths and weaknesses of this person.
4. Please indicate skills, study/work qualities or characteristics you have personally observed.
5. Please describe this person's performance in terms of quality, time management and teamwork.
6. Please describe study/work habits and attendance.
7. Would you recommend this applicant? If so, why?

Signature _____ Date _____

Position _____

Contact Information:

Address _____

Phone _____ E-mail _____