

DENTAL ASSISTING REFERENCE FORM

One Stop Student Services - onestop@cwi.edu - 208.562.3000 - cwi.edu

<u>Applicant Instructions</u>: The reference form must be submitted IN A SEALED ENVELOPE with your completed application.

<u>Reference Instructions</u>: Return the reference in a sealed envelope to the applicant. Sign across the seal of the envelope for official recognition. Do not fax or mail to CWI.

AST NAME	FIRST NAME	M.I.	PHONE NUMBER (INCLUDING AREA CODE)			
ADDRESS		CITY	STATE	ZIPCODE		
CWI STUDENT ID#		_				
RELATIONSHIP TO STUDENT						
What is your relationship with the a	pplicant & how long h	ave you known theapp	licant?			
Employer:Academic Counsel	or:Teacher:	Co-Worker:	Job Shadowing/Observation:		Other:	
nay be shown to the applicant at th	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT KNOWN	
NEATNESS						
FLEXIBILITY						
ACCEPTS RESPONSIBILITY						
LEARNING CAPABILITIES						
CONSISTENT ATTENDANCE						
WORKS WELL WITH OTHERS						
ENTHUSIASM						
COMMON SENSE						
FOLLOWS DIRECTIONS						
PUNCTUALITY						
RELIABILITY						
TRUSTWORTHINESS						
our thoughts on the applicant's ch	noice of the program:					
OTHER COMMENTS:						
IGNATURE AND TITLE						
IGNATURE AND TITLE				Dat <u>e:</u>		
IGNATURE AND TITLE ignature and Title:		Comp	any/Agency:	Dat <u>e</u> :		