

OTA PROFESSIONAL REFERENCE FORM

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

Applicant: Two professional references are required. Completed reference forms can be either sent directly from reference

Reference Professional: If returned to the applicant, please seal recommendation in an envelope, **SIGN ACROSS THE SEAL**, and return to the applicant. If mailed directly to CWI, applicant will provide addressed and stamped envelope.

professionals or submitted in sealed envelopes in your application packet.

LAST NAME	FIRST NAME	M.I.	PHONE NUMBER (INCLUDING AREA CODE)				
ADDRESS		CITY	+	STATE	ZIPCOI	 DE	
CWI STUDENT ID#							
RELATIONSHIP TO APPLICANT							
What is your relationship to the	applicant: Employer:	Instructor:	Other:			_	
How long have you known the a	pplicant?Yea	rsMonth	S				
Please check in the space below			,				
<u>CHARACTERISTICS</u>	<u>SUPERIOR</u> 5	ABOVE AVERAGE 4	NEUTRAL 3	AVI	ERAGE 2	BELOW AVERAG 1	
FLEXIBILITY							
ACCEPTS RESPONSIBILITY							
LEARNING CAPABILITIES							
CONSISTENT ATTENDANCE							
WORKS WELL WITH OTHER	S						
COMMON SENSE		-					
INITIATIVE / ENTHUSIASM		1					
FOLLOWS DIRECTIONS PUNCTUALITY							
RELIABILITY / TRUSTWORT	нү						
Please comment with your opin	nion of this applicant's abilit	y to successfully perf	orm in a very rigo	orous professi	onal progra	ım:	
SIGN THIS WORKSHEET							
Signature and Title:				Date:			
Print Name:		Company/Agency:					