



REFERENCE FORM

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

Applicant Instructions: The reference form must be submitted IN A SEALED ENVELOPE with your completed application.
Reference Instructions: 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.

STUDENT INFORMATION

LAST NAME	FIRST NAME	M.I.	PHONE NUMBER (INCLUDING AREA CODE)	
ADDRESS	CITY		STATE	ZIP CODE
CWI STUDENT ID#				

SURGICAL TECHNOLOGIST - 2 PROFESSIONAL REFERENCES

RELATIONSHIP TO STUDENT

What is your relationship to the applicant & how long have you known the applicant? _____

Employer: _____ Academic Counselor: _____ Teacher: _____ Co-Worker: _____ Volunteer: _____

Please check in the space below to indicate your opinion of the applicant. Your comments will be available to the selection.

CHARACTERISTICS	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT KNOWN
NEATNESS					
FLEXIBILITY					
ACCEPTS RESPONSIBILITY					
LEARNING CAPABILITIES					
CONSISTENT ATTENDANCE					
WORKS WELL WITH OTHERS					
ENTHUSIASM					
COMMON SENSE					
INITIATIVE					
FOLLOWS DIRECTIONS					
PUNCTUALITY					
RELIABILITY					
TRUSTWORTHINESS					

Your thoughts on the applicant's choice of the program:

OTHER COMMENTS:

SIGN THIS WORKSHEET

Signature and Title: _____ Date: _____

Print Name: _____ Company/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____