



Student/New Graduate Reference Form

Applicant Name: _____ Date: _____

Instructor: Please assist us with the following reference information

- 1) Rate applicant using scale below
2) Place form in envelope
3) Seal and sign back of envelope
4) Mail directly to: Randolph Hospital, Attn: Chastity Glover, Recruitment Manager, Human Resources, PO Box 1048 Asheboro, NC 27204 or via email: cglover@randolphhospital.org

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Table with 6 columns: Superior, Good, Average, Fair, Poor and 10 rows of performance categories like Academic Performance, Critical Thinking Skills, etc.

Recommendation scale: Recommend Enthusiastically, Recommend with reservation, Recommend, Not recommended

Additional Comments:

Four horizontal lines for writing additional comments.

Signature: _____ Date: _____

Name (print): _____

Title and Organization: _____

Dates of Clinicals: _____

Address: _____

Phone: _____