

Community College of Denver Dental Hygiene Program  
Reference Form

**To be completed by the applicant:** Please print or type your name in the spaces provided

\_\_\_\_\_   
Applicant's Name

I understand that Reference Forms are confidential documents and are not available to the applicant to review.

\_\_\_\_\_   
Applicant's Signature

\_\_\_\_\_   
Date

**To the Referrer:** THIS FORM MUST BE MAILED OR DELIVERED IN A SEALED ENVELOPE BY THE REFERRER TO THE APPLICANT. Please sign the back of the envelope across the seal prior to sending it to the applicant. The applicant will provide you with a self-addressed envelope. Please complete this form and return it prior to **January 1<sup>st</sup>**.

Referrer's Name (please print) \_\_\_\_\_

Position \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ Month \_\_\_\_\_ Years

How well do you know the applicant? (circle one)      very well / Moderately well / Casually

Nature of my contact with the applicant \_\_\_\_\_ Academic      \_\_\_\_\_ Employment      \_\_\_\_\_ Other

Evaluation of the Applicant	Consistently	Frequently	Sometimes	Rarely	Never	Unknown
Academic Knowledge						
Ability to work independently						
Ability to work with others						
Ability to communicate						
Ability to accept criticism						
Personal conduct and appearance						
Emotional maturity and stability						
Organizational skills						
Professionalism						
Motivation						
Dependability						
Leadership potential						
Ability to learn new tasks/skills						
Meets work/academic expectations						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

What do you consider to be the applicant's challenges or areas for continued growth?

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Your recommendation of this applicant for admissions to CCD Dental Hygiene Program (circle one)

Recommend / Recommend with reservations / Do not recommend **please comment**

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Personal Comments: What should we know that would allow our staff (faculty, campus counselor, and other students support staff) to be helpful to this applicant?

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\_\_\_\_\_  
Reference name/Degrees (please print or type)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reference Signature

A faculty member may be calling you on the reference given above, please complete the following information so that we may contact you at your convenience. Thank you.

Address: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Evening Phone # \_\_\_\_\_

Best time to call you: \_\_\_\_\_