



# Great Bay Community College

## NURSING PROFESSIONAL REFERENCE FORM

Complete and Return to Admissions

Great Bay Community College

320 Corporate Drive, Portsmouth, NH 03801 (603-427-7632)

[gbadmissions@ccsnh.edu](mailto:gbadmissions@ccsnh.edu)

### APPLICANT INFORMATION:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Last Name First Name Middle Initial Date of Birth

### CHECK DESIRED SEMESTER:

Fall 2021  Fall 2022  Fall 2023

I hereby waive any right to examine this evaluation. I understand that the information contained on this form will be used to evaluate my application for admission to the above program of study. I realize that a waiver of my right to access this evaluation is not a consideration of my admission. *Please note: this form cannot be accepted without applicant signature below.*  I AGREE to the above waiver  I DO NOT AGREE to the above waiver

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Applicant Signature Date

### REFERENCE INFORMATION:

\_\_\_\_\_  
 NAME PHONE EMAIL  
 \_\_\_\_\_  
 COMPANY POSITION

How long have you known the applicant? \_\_\_\_\_

Relationship with the applicant? (please check only one box)

- Employer/Employee  Professional/Client (eg. Clergy/Congregant, Doctor/Patient, Counselor/Client)  
 Teacher/Student  Other please describe \_\_\_\_\_

If an employer, please complete this information:

Term of applicant's employment: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Place of Employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Your thoughtful and fair assessment of this candidate's qualifications and potential in their desired program of study will be most useful in consideration for admission. On a scale of 1-5 please rate the applicant's ability and demonstrated competency in the following areas. Check the appropriate ranking with 1 being unsatisfactory and 5 being excellent.

1 2 3 4 5 1 2 3 4 5

Sets and achieves realistic goals ①②③④⑤	①②③④⑤	Exhibits a positive attitude
Works well under pressure ①②③④⑤	①②③④⑤	Is empathetic to other points of view
Is detail-oriented ①②③④⑤	①②③④⑤	Cooperates with others
Comprehends oral and written instructions ①②③④⑤	①②③④⑤	Properly expresses self written and verbally
Is self-motivated and actively involved in the learning/working process ①②③④⑤		
Demonstrates sound decision making skills and ability to problem solve ①②③④⑤		

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Referrer Signature Date