



REFERENCE FORM

One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 phone - 888.562.0454 fax
 5500 East Opportunity Drive - Nampa, ID 83687 - www.cwidaho.cc

Applicant Instructions: The reference form must be submitted IN A SEALED ENVELOPE with your completed application.
Reference Instructions: Return reference in a sealed envelope to 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 ZIPCODE

PHONE NUMBER (INCLUDING AREA CODE) DATE OF BIRTH

Indicate Program of Application: Nursing: RN LPN Dental Assisting: Surgical Tech:

RELATIONSHIP TO STUDENT

What is your relationship to the applicant & how long have you known the applicant? ____ yrs ____ mo
 Employer _____ Academic Counselor _____ Teacher _____ Co-Worker _____ Job Shadowing _____ Other _____

CHARACTERISTICS

Please check in the space below to indicate your opinion of the applicant. Your comments will be available to the selection committee and may be shown to the applicant at their request.

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 applicant's choice of program:

OTHER COMMENTS:

SIGN THIS WORKSHEET

Signature and Title: _____ Date: _____

Print Name: _____ Company/Agency: _____

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

CWI delivers college credit instruction, certificates & degrees through its memorandum of understanding with College of Southern Idaho (CSI).
 CSI is accredited through The Northwest Commission on Colleges and Universities (NWCUU).