



STUDENT REFERENCE

The below student applicant has applied for employment/internship and has given your name as a faculty reference. Please check the column that most clearly characterizes your appraisal of this student. Please complete this reference and return it by fax (706-721-1126) within 2 days of receipt.

SECTION ONE - TO BE COMPLETED BY STUDENT

Name: _____

Last 4 of SSN: _____

Title Applied for: _____

GRMC Recruiter Name: _____

School: _____

Graduation Date: _____

I agree to the release of any information you may have on my clinical/professional performance.

Applicant's Signature & Date

SECTION TWO - TO BE COMPLETED BY REFERENCE

	SUPERIOR	GOOD	AVERAGE	POOR
Academic Performance				
Critical Thinking Skills				
Clinical/Technical Competence				
Organizational Skills				
Interpersonal Skills				
Reliability/Dependability				
Professional Attitude				
Appearance/Grooming				
Attendance/Punctuality				
Leadership Qualities				

Faculty Name: _____

Faculty Signature: _____

Date: _____

Questions regarding reference, please contact Augusta University Medical Center, Human Resources at 706-721-1523