

# Student Reference

**To the Applicant: Please complete the upper portion of this form and give to the Director of the program from which you are transferring. The information you provide will be kept confidential.**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Program Transferring From: \_\_\_\_\_

I hereby authorize the Director of the Program listed above to provide Black Hawk College \_\_\_\_\_ Program the information requested below.

Student Signature: \_\_\_\_\_

Please rate the student in the following categories in comparison with other \_\_\_\_\_ students.

	Outstanding	Very Good	Average	Below Average	Comments
<b>Honesty</b>					
<b>Responsibility (takes responsibility for own actions; can be relied upon to follow through)</b>					
<b>Timeliness (arrive to class/clinical on time, submits papers/assignments on time.)</b>					
<b>Communication (appropriate communication with instructor and other students)</b>					
<b>Attendance (at class/clinical)</b>					

I verify this information is correct to the best of my knowledge

This student would/would not be allowed to return the program.

Signature: \_\_\_\_\_ Official Title: \_\_\_\_\_

## Do NOT give back to student

Please send completed document to:

Black Hawk College, Stephanie Gray, 6600 34th Avenue, Moline, IL 61265

or [grays@bhc.edu](mailto:grays@bhc.edu)

or fax (309) 796-5357