PORTMORE COMMUNITY COLLEGE



Referee Report

TO APPLICANT: Please print your name in the space below. This form must be completed by your referee and returned to you to be submitted with the application documents. NAME IN FULL: to study _____ and requests that you complete this evaluation. TO REFEREE The referee report is confidential; please return the completed report to the applicant 1. in a sealed envelope with your signature across the flap. 2. On this scale, make your ratings on the basis of your academic experience with the **Applicant:** Good Excellent Average Top 50% Top 25% Top 10% **Top 2% Top 5% Academic Capability Intellectual Potential Creativity & Originality** Describe the applicant's academic strengths, work responsibilities, and outstanding achievements.

4. How long and in what capa	acity have you known the applicant?	
Name:	Signature	
Occupation:	Qualification/Position:	
Address		
Date:		
Telephone:	Email:	