

Reference for Potential Student Early College of Forsyth

Name of Applicant _____

Length of time known _____

(Please check one) School Counselor Teacher Community Representative
(not a relative)

Please check the appropriate response based on your personal knowledge of the applicant.

Quality	Unable to Judge	Below Average	Average Top 50%	Very Good Top 10%	Outstanding Top 1 %
Academic Integrity					
Personal Integrity					
Motivation, Initiative					
Oral Communication					
Written Communication					
Creativity					
Self-confidence					
Leadership					
Responsibility					
Respect for others					
Concern for others					
Sense of humor					
Emotional maturity					
Academic potential					
Attitude					
Trustworthy, Reliable					
Helpful to others					
Enthusiasm					

Optional Comments (Please take time to say something about the candidate in your own words – the admission committee reads all comments)

Signature _____ Title _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Date _____

Please return this form to:

Early College of Forsyth
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, NC 27103
336-757-3290