

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 ADN Program the information requested below.

Student Signature: _____

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

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

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

This student 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
 or fax (309) 796-5357