



RESIDENT APPLICANT REFERENCE

Applicant Name: _____ Phone: _____

This reference form is confidential and will be seen only by the Maritime Christian College Staff.

To be completed by Reference:

The person above has applied for residency at Maritime Christian College and is required to obtain two references.

How long have you known the applicant? _____

What is your relationship with the applicant? _____

Your last contact with the applicant was: within the last month 1-6 months ago
 7-12 months ago more than 1 year ago

Please check the appropriate box:	Excellent	Good	Average	Poor	Unknown
Gets along well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Check one: I recommend this applicant without reservation.
 I recommend this applicant with reservations.
 I do not know this applicant well enough or have sufficient information to give a reference.
 I do not recommend this applicant.

Please use this space to provide further comments or explanations:

Reference Name _____ Email: _____
Please print

Position/Title: _____ Phone: _____

Signature: _____ Date: _____

Mail to: Maritime Christian College, 503 University Avenue, Charlottetown, PE C1A 7Z4

Email to: jstevenson@mccpei.com

Fax to: 902-892-3959