## College of Charleston Orientation Internship Applicant Reference

I hereby waive any and all rights of access to this document which is to be included in my application for the Orientation Internship at the College of Charleston. This waiver applies to the Family Education Rights and Privacy Act. I understand that this document may not be used for any purpose other than the evaluation of my qualifications for employment.

Authorizing signature of applicant	Date
Full name of applicant	
The forms can be sent directly to the Office of New Student Progeturn the references themselves, the references should be in a seaccepted. Please cover the areas listed below in the letter.	grams by fax, email, mail or campus mail. If the applicant would like to called envelope. If writing a reference letter is easier, it will be
Reference name:	
Please describe the length and capacity of your relation	onship with the applicant:

2. Please rate the applicant in the following areas by placing a check in the appropriate box. If you have additional comments, please use the back of the page or attach a letter):

	Above	Average	Below	Not	Comments
	Average		Average	Observed	
Professionalism					
Tolerance					
Responsibility					
Maturity					
Cooperation					
Communication					
Skills					
Punctuality					
Leadership					

3. Overall Evaluation: (please circle one)

Do not recommend Recommend Recommend Highly with reservations Recommend

## Please return this form by January 22, 2025, to:

The Office of New Student Programs, 66 George St. Charleston, SC 29424 Phone: 843-953-2017 ~ Fax: 843-953-5800 ~ Email: orientat@cofc.edu