



PIEDMONT ALTERNATIVE LICENSURE PROGRAM
REFERENCE ASSESSMENT

To the applicant: Fill out the top of the form. Give the form with a stamped, addressed envelope to the reference.

Name of applicant _____

Last

First

Middle/Maiden

I waive my right to view this completed form. Yes No

Signature _____

To the reference: The person whose name appears above has applied for admission to the Pal or Pal Plus Program at Greensboro College. Please answer the questions below as specifically and candidly as possible, particularly noting maturity, purpose, and initiative. (Please feel free to use the back or attach your recommendation to this form.)

Printed name of individual completing this form _____

Position/Title

Organization/Firm

YOUR COMMENTS WILL BE AN IMPORTANT FACTOR IN THE DECISION

1. How long have you known the applicant?
2. Under what circumstances have you known the applicant?
3. What goals do you perceive that the applicant has established relating to the teaching profession?
4. Does this applicant have the ability to perform well in an accelerated, fast-paced program?
5. Any additional comments you wish to make.

Signature _____ Date _____

Please return to: Adult Education Office, Greensboro College, 815 W. Market St., Greensboro, NC 27401