



# MONTEGO BAY COMMUNITY COLLEGE

## CONFIDENTIAL REFEREE REPORT

TEL: (876) 979-8150/8164; 953-6838/6850/6851

FAX: (876) 979-8776

Email: info@mbcc.edu.jm

Website: www.mbcc.edu.jm

**Applicants who completed high school within the last two (2) years:** this form **must** be completed by your Principal, Vice-Principal or Guidance Counselor at the last school attended.

**All other applicants:** this form may be completed by your Employer, a Pastor, or a Justice of the Peace.

Form should be submitted to the College no later the date specified. Kindly see page entitled **Important Dates and Deadlines**.

**To the person completing this form:** Kindly ensure that the applicant's name and the programme being applied for are written on the envelope.

\_\_\_\_\_ (formerly) of \_\_\_\_\_ has  
*Name of Student* *Name of Institution/Company/Address*

applied to Montego Bay Community College to pursue the \_\_\_\_\_ programme.  
*Name of Programme*

Kindly indicate your assessment of this applicant by placing a tick (✓) in the appropriate spaces below. Please place the form in the envelope provided, seal it, and affix the school/business stamp across the flap before returning the document to the applicant.

**Ratings**

Criteria	Excellent	Good	Average	Poor
Academic Performance				
Potential for success in the chosen area				
Seriousness of purpose				
Conduct				
Attendance				
Punctuality				

Outstanding Achievements \_\_\_\_\_

Breach of discipline \_\_\_\_\_

Do you recommend this applicant as a suitable candidate for admission to Montego Bay Community College?

Other comments \_\_\_\_\_

Name: \_\_\_\_\_

School Stamp/Business Stamp

School: \_\_\_\_\_

Position: \_\_\_\_\_

**Please call our Guidance Counselor to discuss any information that you do deem inappropriate to be recorded on this instrument.**

Please Detach Here