

# MONTEGO BAY COMMUNITY COLLEGE

## CONFIDENTIAL REFEREE REPORT



TEL: (876) 633-7830  
FAX: (876) 979-8776  
Email: [info@mbcc.edu.jm](mailto:info@mbcc.edu.jm)  
Website: [www.mbcc.edu.jm](http://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.

The completed form should be submitted to the College as soon as possible **EITHER** via email by the person completing the form OR in a sealed envelope by the applicant. **Specific instructions for submission is stated on our website: [www.mbcc.edu.jm](http://www.mbcc.edu.jm)**

**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 Applicant* *Name of Institution/Company*

applied to Montego Bay Community College to pursue the Full Time/ Part Time \_\_\_\_\_  
*Name of Programme*  
programme at the Main Campus / Frome Campus.

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 OR you may email this document **directly** to us at [admissions@mbcc.edu.jm](mailto:admissions@mbcc.edu.jm) once it is stamped, signed and dated.

### Ratings

Criteria	Excellent	Good	Average	Poor
Academic Performance / Work 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/Company: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please call one of our Guidance Counselors at 876-826-1981/2010/1517 to discuss any information that you do deem highly confidential to be recorded on this instrument.**