

Craven Community College
Esthetics Program Reference Form

Name of Person Applying for Esthetics Program _____

Name , Address and Phone No. of Person Completing Form _____

How long have you known the applicant? How did you meet?

Why do you think the applicant would be a good candidate for the esthetics program?

What are the strengths of this applicant, as they relate to work ethic and a career of dealing with the public?

What are the weaknesses of this applicant?

What else do you think we should know about this applicant?

Please certify that you are not related by any familial tie to this applicant:

Signature _____ Date _____