

**Delaware County**   
**Community College**

Reference for \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

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Comments:

Relationship to student:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**NAME:**

**STUDENT ID NUMBER:**

**STUDENT REFERENCE FORM INSTRUCTIONS**

1. Please state your reference in paragraph form.
2. A typed statement is definitely preferred.
3. A second page may be attached if additional space is required. Please place student's name at the top of the second page.

**RETURN FORM TO:** CREDENTIALS FILE  
Employment Services & Co-op Center  
Delaware County Community College  
Media, Pa 19063

**Or: Inter-office mail** Employment Services & Co-op Center, Room 1305