

## Reference Form

### Applicant Information

Mr./Mrs./Ms.                      First                                      Middle                                      Last

Employer

Job Title

Other Information (Check all that apply):     Student                       Self-Employed

### Reference's Information

Mr./Mrs./Ms.                      First                                      Middle                                      Last

Relationship to Applicant (Check all that apply):  Supervisor  Co-Worker  Business Relationship  Other

Are you a Regular Member of CFANC?     Yes     No

Are you a CFA® Charterholder?             Yes     No                      Charter #:

Employer

Job Title/Department

Street Address

Floor/Suite

City/State/Zip

Phone

Email

### Reference's Findings

1. What is the applicant's primary full-time, professional occupation? (Please be specific)

2. Are you aware of any problems regarding the applicant's professional competence?     Yes     No

3. Are you aware of any problems regarding the applicant's character or professional, financial, or business conduct?     Yes     No

Signature

Date