

Applicant Name: _____ Applicant Signature _____

To the Applicant

Please have this form completed by your academic advisor or a college instructor. Please note that by signing this form, you are giving that person permission to complete an evaluation of you. This reference will become part of your program application and will remain confidential.

To the Advisor/Instructor/Director/Coordinator

The individual listed above is applying to the Nuclear Medicine Technology Program at Chattanooga State Community College. The Nuclear Medicine Selection Committee needs your input to assist with the student selection process. Please seal the completed reference form in an envelope before returning to the student. This form will be turned in with the student’s program application.

Please Rate the Applicant in the Following Areas

Grading Scale: 4 = Superior; 3 = Good; 2 = Average; 1 = Poor; 0 = Unacceptable; ½ points are acceptable (3.4, 2.5, 1.5, .5)
Circle the appropriate number for scoring:

Characteristic

Academic Potential	Comm. Skills	Dependability / Reliability	Emotional Stability	Judgment	Leadership Ability	Maturity	Motivation	Responsibility	Self Confident
4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0

Indicate your Overall Recommendation of the Applicant

- ___ Strongly Recommend
- ___ Recommend
- ___ Recommend with Reservations
- ___ Do Not Recommend

Reference Information

Name: _____ Phone Number: _____

Program/College/Department: _____

How long have you known this applicant? _____

Evaluator Signature: _____

Additional Comments: Please use back of form for any additional comments.