

Applicant Name: _____

Applicant Signature: _____

To the Applicant

Please have this form completed by your academic advisor, or a college instructor. If you are enrolled or have graduated from a Radiologic Technology Program, or equivalent healthcare program, the Program Director or Clinical Coordinator must complete this form. 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.