

## Personal Reference Form for Nuclear Medicine

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### To the Applicant:

Please have this form completed by a personal reference of your choice. 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 Individual Selected as Personal Reference:

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:

Attitude: up-beat and positive	Communication: communicates clearly and effectively	Concern for others: thoughtful and considerate	Cooperation: works well with others	Judgement: uses common sense	Motivation: is eager and enthusiastic	Personality: pleasing to be with	Responsibility	Reliability	Self Confidence
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.**