Presbyterian Medical Center Radiologic Technology Program

REFERENCE



APPLICANT:							
TO THE APPLICANT: Three (3) Reference forms must be completed and returned to the program to complete your application. Print or type your name above . Distribute or mail this form to an evaluator. The evaluator must mail or email the completed form directly to the program. It is suggested that you supply a stamped and addressed envelope if mailing. Suggested evaluators are instructors, guidance counselors, employers, coaches, and extracurricular activity advisors. Personal friends and relatives are not appropriate. I understand this reference shall be held in the strictest confidence by the Admissions Committee and therefore:							
I DO waive my right to a as provided by the Fami and Privacy Act of 1974. view or be informed of a reference.	ly Educational Rights I realize that I will not	OR	☐ I DO NO	T waive my right	to access this refe	erence.	
SIGNATURE					DATE		
TO THE EVALUATOR: The above named individual has applied for admission to Presbyterian Medical Center Radiologic Technology Program. The purpose of this reference is to supplement the applicant's academic record, providing valuable assistance in the admission process. If the applicant waived above, your responses will be held in the strictest confidence.							
Check your evaluation of the following traits:							
	OUTSTANDING	VERY GOOD	GOOD	FAIR	POOR	NOT OBSERVED	
Maturity of judgment							
Ability to accept direction							
Ability to accept criticism							
Ability to work with others							
Motivation and initiative							
Perseverance							
Reliability							
Oral expression							
Written expression							
Emotional stability	П	П	П	П	П	П	

Please mail or email this completed form directly to:	Program Director, Radiologic Technology Program Presbyterian Medical Center PO Box 33549			
SIGNATURE	DATE			
EMAIL:				
TELEPHONE: ()	Day (
ADDRESS:				
EMPLOYER:				
OCCUPATION/TITLE:				
NAME:				
Yes No, it is not necessary				
6. Would you prefer to discuss this reference and applicant?	d request a faculty member to telephone you about this			
Recommend with Confidence Recommend w	vith Reservation Prefer not to Recommend			
5. Check your recommendation of this applicant:				
4. Please state how long and in what capacity you ha	ave known the applicant.			
3. Describe major weaknesses of the applicant:				
2. Describe major strengths of the applicant:				

Charlotte, NC 28233-3549