Academic Reference Form for Nuclear Medicine

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:

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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.