

Applicant Name: _____ Applicant Signature: _____

To The Applicant

Please have this form completed by a personal reference of your choice that is not related to you. Please note that by signing this form, you are giving this person permission to complete an evaluation of you. This reference will become part of your program application and will remain confidential.

To The Reference

The individual listed above is applying to the Sonography Program at Chattanooga State Community College and the applicant's signature denotes agreement for you to perform this evaluation without the results being shared with this individual. The Sonography 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

(Evaluation scale: 4 = superior 3= good 2 = average 1 = poor 0 = unacceptable)

Characteristics:	Score
Attitude: up-beat and positive	
Communication: communicates clearly and effectively	
Concern for others: thoughtful and considerate	
Cooperation: works well with others	
Judgment: uses common sense	
Motivation: is enthusiastic and eager	
Personality: pleasing to be with	
Responsibility: is accountable for actions	
Reliability: is dependable	
Self-Confidence: is mature	

Indicate your Overall Recommendation of the Applicant

- Strongly Recommend
- Recommend
- Recommend with Reservation
- Do Not Recommend

Reference Information

Signature: _____ Printed Name: _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

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