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:

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