

REFERENCE FORM

Applicant's Name: _____

Reference's Name: _____

The above named applicant has applied to the North Oaks School of Radiologic Technology. Please complete this reference form and mail it directly to the school. **The application will not be complete until your response is received.**

How long have you known the applicant? _____

In what capacity? _____

What do you consider the chief strength and weakness of the applicant? If possible give examples.

Please rate the applicant in the following categories on a scale of 1 to 5. (5=excellent, 1=poor).

- | | | | |
|-------------------------|-------|-------------------|-------|
| a. Academic potential | _____ | g. Responsibility | _____ |
| b. Honesty | _____ | h. Initiative | _____ |
| c. Personality | _____ | i. Leadership | _____ |
| d. Dependability | _____ | j. Teamwork | _____ |
| e. Adaptability | _____ | k. Maturity | _____ |
| f. Communication skills | _____ | | |

Additional comments: (use additional sheet if necessary)

Recommendation:

- _____ Recommend Strongly
- _____ Recommend
- _____ Recommend with reservation (explain)
- _____ Do not recommend

Signature: _____ Date: _____ / _____ / _____

Address: _____

City

State

Zip