

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. **No letters will be accepted.**

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                            | _____ Recommend strongly |
| _____ Recommend with reservation (explain) | _____ Do not Recommend   |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

city state zip