

**VOLUNTEER STATE COMMUNITY COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM  
REFERENCE LETTER FORM**

Name of applicant (please print): \_\_\_\_\_

Name of Reference Provider (please print): \_\_\_\_\_

The above-named applicant has applied for admittance to our Diagnostic Medical Sonography Program and has named you as a reference. Professional and personal references are an integral part of the admission process and are carefully reviewed by the Selection Committee. Delay in completing and returning this application may adversely affect the applicant's acceptance into the program.

**Note to applicant:** Enter your name above. Give this form with an envelope marked "Recommendation" to the reference provider named above. The reference provider should complete this form and place it in an envelope provided by the applicant. The reference provider should then seal the envelope and sign it across the seal.

Under the Federal Family Educational Rights and Privacy Act of 1974, the applicant is entitled to review their records, including letters of recommendation if they choose. However, voluntarily waiving your rights to review your recommendations may allow the reference provider to be more candid with the Selection Committee.

**Note to reference provider:** Your honest assessment of this applicant will greatly assist the Selection Committee in its decision. Please try to complete all parts of the form as any section left blank or incomplete may make the applicant less competitive. The recommendations are an important part of the application process and your time in furnishing this information is greatly appreciated.

*I hereby voluntarily waive any rights I may have to this recommendation form when completed. I understand that this recommendation form will be confidential and will not be open to my review. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to Volunteer State Community College Diagnostic Medical Sonography program.*

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

Please answer the following questions as accurately as possible:

1. In what capacity have you known the applicant?

2. How long have you known the applicant? \_\_\_\_\_ 0 – 1 year \_\_\_\_\_ 1 – 3 years \_\_\_\_\_ > 3 years

3. What do you consider to be the most important strengths of the applicant?

4. What do you consider to be the most important weaknesses of the applicant?

5. How would you rate the applicant on the following attributes? Please put an "X" in the appropriate box.

CATEGORY	SUPERIOR	VERY GOOD	AVERAGE	POOR	VERY POOR	NOT OBSERVED
MOTIVATION						
DEPENDABILITY						
INITIATIVE						
JUDGEMENT						
MATURITY						
CRITICAL THINKING						
VERBAL COMMUNICATION						
WRITTEN COMMUNICATION						
CONFLICT RESOLUTION						
ABILITY TO ASK FOR HELP						
QUALITY OF WORK						
TEAM PLAYER						
CONFLICT RESOLUTION						
ATTITUDE						

6. Please indicate whether or not you endorse the applicant as a suitable candidate for our program. Please state your primary reason if you do not endorse this candidate.

\_\_\_\_\_ Endorse with enthusiasm

\_\_\_\_\_ Endorse

\_\_\_\_\_ Do NOT endorse

7. Please use the remainder of this page to write in your own words your endorsement or non endorsement of this applicant. You may attach your own letter of recommendation separately if you choose. If you do attach your own letter of recommendation, please indicate that by writing "please see attached" in the space provided.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

Position/title: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_