

REFERENCE FORM

Please select your program of interest. If you are interested in multiple programs we strongly encourage you to call the Admissions Office at 484-628-0100 to learn more about our program options and requirements.

- Nursing Medical Imaging Diagnostic Medical Sonography Paramedic
 Surgical Technology AEMT Medical Laboratory Science Phlebotomy

Please complete the information and mail to the School of Health Sciences' Office of Admissions.

SECTION I: TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)

Last Name: _____ First Name: _____ Middle Initial: _____

Under the Family Rights and Privacy Act of 1974, students enrolled at Reading Hospital School of Health Sciences have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and, therefore, the letters will be held in confidence. I waive the right to review the reference form.

Applicant Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY EVALUATOR

The above-named individual is applying to Reading Hospital School of Health Sciences. Please rank the applicant in the categories below by placing an X in the appropriate box. Please provide a brief statement on the reverse side. Return the form as soon as possible to the School's Office of Admissions. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after enrolling in the School of Health Sciences.

Use Reverse Side for Written Statement

	Excellent	Above Average	Average	Marginal	Poor	Unable to Rate
Ability to Learn						
Ability to Work Independently						
Compassion						
Integrity						
Interpersonal Skills						
Leadership Ability						
Logical/Analytical Ability						
Oral Expression						
Originality, Intellectual Creativity						
Perseverance Toward Goals						
Team Member						
Tolerance of Diversity						
Written Expression						

What is your overall recommendation?

- Recommend with Confidence Recommend Recommend with Reservations Do Not Recommend

How long have you known applicant? _____

What is your relationship to applicant?

- Employer Supervisor Teacher/Instructor Counselor Professor/Advisor Clergy

Evaluator's Name: _____

Title: _____

Institution/Department: _____

Address: _____

Phone: _____ E-mail: _____

Signature of Evaluator: _____ Date: _____

