

VOLUNTEER STATE COMMUNITY COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Reference Form

Mail to: VSCC Diagnostic Medical Sonography  
ATTN: Recommendations  
1480 Nashville PK, Wallace North, Room-S-231  
Gallatin, TN 37066

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. He or she should then mail it to the above address.

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.

*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: \_\_\_\_\_

**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.

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 years

\_\_\_\_ 1 – 3 years

\_\_\_\_ > 3 years

3. What do you consider to be the principle strengths and weaknesses of the applicant?

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

CATEGORY	SUPERIOR	VERY GOOD	AVERAGE	POOR	VERY POOR	NOT OBSERVED
MOTIVATION						
DEPENDABILITY						
INITIATIVE						
JUDGEMENT						
PERSONAL APPEARANCE						
MATURITY						
CRITICAL THINKING/ PROBLEM SOLVING						
VERBAL COMMUNICATION SKILLS						
WRITTEN COMMUNICATION SKILLS						
INTERPERSONAL RELATIONS						
QUALITY OF WORK						
ABILITY TO ADAPT TO CHANGE						
KNOWS WHEN TO ELICIT ASSISTANCE						
CONFLICT RESOLUTION						

5. 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

Additional Comments:

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

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

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