

**ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**



Reference Form

Name of applicant: _____
(Please print)

Name of Reference Provider: _____
(Please print)

The above named applicant is applying for admission to the Diagnostic Medical Sonography Program at Arkansas State University. This program leads to the Bachelor of Science degree. Professional and personal references are an integral part of the admission process and are carefully reviewed by the admissions committee. Delay in completing and returning this application may adversely affect the applicant's acceptance into the program. Please submit your opinion of the candidate's potential for a successful career in Diagnostic Medical Sonography.

Note to applicant: Enter your name above. The reference provider should *confidentially* 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 return it to the applicant.

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 so choose. However, voluntarily waiving your rights to review your recommendations may allow the reference provider to be more candid with the admissions 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 the Arkansas State University Diagnostic Medical Sonography Program.

Applicant's signature: _____ *Date:* _____

Note to reference provider: Your honest assessment of this applicant will greatly assist the Admissions 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 submit reference form to:

ASU Diagnostic Medical Sonography Program
Admissions Committee
Nursing and Health Professions Building – Room 419
P.O. Box 910
State University (Jonesboro), AR 72467-0910

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Please answer the following question as accurately as possible.

1. In what capacity have you known the applicant?

Educational Personal Professional (Employer, co-worker, manager)

2. How long have you known the applicant? (circle one)

0-1 years 1-3 years 3-5 years >5 years

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

4. What do you consider to be the principle *weaknesses* of the applicant?

5. How would you rate the applicant in the following areas?

| Category | Superior | Very Good | Average | Poor | Very Poor | Not Observed |
|-----------------------------------|-----------------|------------------|----------------|-------------|------------------|---------------------|
| Motivation | | | | | | |
| Dependability | | | | | | |
| Initiative | | | | | | |
| Judgement | | | | | | |
| 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 skills | | | | | | |
| Personal appearance | | | | | | |

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

_____ Endorse with enthusiasm

_____ Endorse

_____ Hesitate to endorse

_____ Do not endorse

Comments:

Please make any additional comments in the space provided below.

Signature: _____

Date: _____

Position: _____

Address: _____

City State Zip

Phone: () _____