



Radiography Program

Reference Form

Please include this form with the Application for Admissions. The school will mail the form to the reference person. A total of two (2) reference forms are required. (No relatives or friends)

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

Agreement of Confidentiality

I waive do not waive, my right to access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. I understand that this form will be used by the school solely in its procedures relating to admissions.

Signature of Applicant: _____

Date: _____ / _____ / _____

.....
NAME OF REFERENCE: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

Please give your candid evaluation of the above named applicant. We appreciate you taking the time to complete this form.

The above named applicant is applying for the Radiography Program. The program attaches great importance to the testimony of faculty members and others qualified to make judgments of the applicant.

Do not complete this form if the section above has not been completed and signed.

How long have you known the applicant? _____

In what capacity? _____

Reference Form

Academic Professional Performance	POOR	FAIR	AVERAGE	ABOVE AVERAGE	NOT ABLE TO JUDGE
Competence in written work					
Skill in oral expression					
Creativity in research work, progress, etc.					
Motivation for school study					
Preparation for school work					
Ability to work independently					
Personality					
Ability to get along with others					
Honesty					
Judgment					
Assertiveness					
Mental Alertness					
Compassion for others					

Personal Impression/Remarks:

Recommender's Name: _____

Date: _____

Position or Title _____

School of Business _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

Signature: _____

Please return to: Hudson County Community College, Radiography Program, 870 Bergen Avenue, Second Floor, Jersey City, NJ 07306