



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? _____

(Continue on next page)

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: _____

Recommender's Position or Title

Recommender's School or Place of Business

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

Signature: _____

Please return to: Hudson County Community College, Radiography Program-870 Bergen Avenue, 2nd Floor, Jersey City, NJ 07306