

GULF COAST STATE COLLEGE
Health Sciences - Radiography Program

Letter of Recommendation

Name of Applicant: _____
(Last) (First) (Middle) (Maiden Name)

What Medical Imaging Program? _____

To Applicant:

This Letter of Recommendation should be given to a College Professor, Academic Counselor, employment supervisor, or medical mentor who is familiar with your academic ability and/or can speak to personal qualities such as motivation, maturity and capacity for growth.

To be completed by the Applicant:

I, _____ give permission to _____ to complete this personal reference for me. I appreciate their candor and understand that this form is confidential. However, under Federal Law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including recommendation forms.

I _____ do _____ do not waive my rights to review the content of this form. I release them from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address.

Gulf Coast State College
Health Sciences Division
Medical Imaging Programs Coordinator
5230 West U.S. Hwy 98 - Room 317
Panama City, Florida 32401

To Referent:

Gulf Coast State College Medical Imaging Programs appreciates your responding to the following areas of information.

1. How long have you been acquainted with the applicant and in what capacity? _____

2. What impresses you most about the applicant? _____

(continued)

3. In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and/or controlled substances. Are there any factors that may interfere with the applicant's integrity? _____

4. To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field? _____

5. Please rate the applicant on the following Personal Factors.

Personal Factors	Above Average	Average	Below Average	No Basis to Judge Applicant
Communication Skills				
Sociability, Cooperation				
Courtesy				
Dependability, Reliability				
Motivated				
Honesty, Integrity				
Initiative				
Maturity				
Organization Skills				
Intellectual Ability				
Critical Thinking				
Self-Accountability				
Responsibility				
Seeks help when needed				

6. Please mark the appropriate response regarding your recommendation of this candidate for medical imaging career.

___ Highly recommend ___ Recommend ___ Recommend with reservation ___ Do not recommend

Signature of Person Completing Recommendation: _____ Date _____

Print Name: _____ Position/Title: _____

Address: _____

Phone Number: _____

Thank you for completing this Letter of Recommendation. Please mail directly to below address.

Gulf Coast State College
Health Sciences Division
Medical Imaging Programs Coordinator
5230 West U.S. Hwy 98 - Room 317
Panama City, Florida 32401
(Do not fax.)