



Personal Reference Form
Respiratory Therapy Program
Skyline College

Applicant's Name

Recommender's Name

Program Applicant: Please read the following information prior to giving this reference to your recommender. The completed letter of reference may be submitted together with application materials by the applicant or may be sent directly to admissions and records office (stated on page 2 of this form) by the recommender.

Under federal law entitled "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including letters of recommendation. While we consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater utility in the assessment of a student's qualifications, abilities, and promise.

Please check **only 1** box. By checking box **A**, your recommender knows the evaluation will be submitted in confidence. By checking box **B**, you have retained the right to inspect this letter of reference.

- A. By checking this box, I have waived my rights to inspect this letter of reference and hereby inform my recommender that this letter will be kept strictly confidential.
- B. By checking this box, the recommender is advised that I have retained my right to inspect this letter of reference, and that upon enrollment I may have access to this recommendation.

Recommender: Your objective appraisal will assist the program in evaluating the applicant's qualifications. You may either complete this interactive form before printing *or* print and hand complete *or* complete on official letterhead referencing the questions. Please return the form to the applicant *or* mail directly to the address identified on page 2 of this form. If you do not wish to evaluate the applicant, please check the last box in item #5 and return the form. Thank you for your time and assistance.

1. In what capacity and for how long have you known the applicant?

2. Describe observed strengths or weaknesses and evidence of maturity or immaturity of the applicant.

3. Do you have reason to believe the applicant has realistic professional goals?

4. Describe any personal, physical or emotional characteristics that may be important to the applicant's success in this profession.

5. Considering your knowledge of this applicant, how would you rate them as a candidate for the Respiratory Therapy Program? If you have some reservations, please explain.

Highly recommended

Recommended

Some reservations

Serious reservations

I do not feel I can adequately evaluate this candidate and would prefer the candidate seek a recommendation from another individual.

Comments:

Recommenders Signature: _____

Address: _____

Title/position: _____

Completed letter of reference may be returned to applicant for submission or may be mailed directly to:

Office of Admission and Records
c/o Terry Stats

Skyline College, 3300 College Drive, San Bruno, CA 94066