

Mount Nittany Medical Center

Reference Form

To the Applicant:

All applicants should submit references from three sources.

To the Reference:

Thank you for assisting us in our admission process. We welcome references that provide relevant information that cannot be found elsewhere in the application materials or that can provide an insight into the applicant's abilities and suitability.

Applicant:

Last name:..... First:.....

Applying for:

Program:.....
.....

Reference Address:

Last name:..... First:.....

Street:.....

City:..... Zip code:.....

State:.....

Phone number:.....

E-mail address:.....

How long have you known the candidate and in what capacity?

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We are interested in learning about the applicant's suitability for advanced studies, as well as his or her promise for success. We welcome your thoughts on the applicant's intellectual strengths and character. Please be as detailed and frank as possible. You may also use a separate letter (preferably on your own letterhead stationary) and attach it to this form.

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Please fill out the following table:

	Excellent	Above Average	Average	Below Average	Unable to Rate
Knowledge in area of specialisation
Ability to plan and carry out research/independent study
Analytical ability
Maturity
Motivation
Leadership potential
Social skills
Intercultural skills
Flexibility
Creativity
Oral communication skills
Written communication skills
Integrity

Please indicate whether you would recommend the applicant for this program and why.

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Signature:.....

Date:.....

The applicant should receive this form in a sealed and signed envelope. The applicant should send the recommendations together with the application to:

Margaret Pruss, MT(ASCP)
Program Director
Mount Nittany Medical Center
1800 East Park Avenue
State College, PA 16803
814-231-7279

Alternatively, please send this form separately to the above address.

All reference material will be kept confidential and the student must waive the right to see it unless accepted into the program. Student signature _____