

CONFIDENTIAL REFERENCE FORM

Diagnostic Medical Sonography

Return to: NHTI Concord Community College
 Admissions Office
 31 College Drive
 Concord NH 03301-7412

To be completed by applicant: *(Please Print)*

Name of Applicant: _____ Date of Birth _____

I waive any right to examine this evaluation. Signature: _____

I grant permission to NHTI to contact this reference. Signature: _____

To be completed by Reference:

The above named applicant is a candidate for admission to NHTI-Concord's Community College. We would appreciate your candid evaluation of the applicant's past performance and potential for success in college and the program to which the student has applied. If the applicant has agreed to the above waiver, NHTI will treat this evaluation with confidence. When you have completed this form, please sign it and mail it directly to the Admissions Office.

Name of Reference: _____

Address: _____

Phone: _____ Your relationship to applicant: _____

How long have you known him/her? _____

	EXCELLENT	GOOD	FAIR	POOR	NO BASIS FOR EVALUATION
Communication Skills – Verbal					
Communication Skills – Written					
Ability to work well with others					
Ability to work under pressure					
Ability to attend to details					
Demonstrates problem-solving skills					
Is empathetic					
Exhibits a positive attitude					
Is accountable for actions					

Describe particular strengths and weaknesses of the applicant that would affect performance in a medical profession. Please use reverse or attach an additional sheet.

Date: _____ Signature _____