



**CHRIST HOSPITAL**

SCHOOL OF RADIOGRAPHY

176 Palisade Avenue, Jersey City, New Jersey 07306

(201) 795-8246 • Fax (201) 795-5818

www.christhospital.org

REFERENCE FORM

SEND WITH APPLICATION

NAME OF APPLICANT

ADDRESS

STATE

ZIP CODE

AGREEMENT RESPECTING CONFIDENTIALITY

I waive  I do not waive  my right of 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

Address

State

Zip Code

\*\*\* IMPORTANT \*\*\*

APPLICANT TO COMPLETE THE ABOVE INFORMATION AND SEND WITH APPLICATION. THE SCHOOL WILL MAIL THE ABOVE FORM TO THE REFERENCE PERSON. A TOTAL OF 2 REFERENCE FORMS ARE REQUIRED ALONG WITH YOUR APPLICATION.

NOTE: It would be of assistance to the Admissions Committee if you would give your candid evaluation of the above named applicant. We are aware that we are asking for considerable time and effort on your part in completing this form. We want to assure you that your generous assistance in giving this appraisal will be appreciated.

TO THE PERSON COMPLETING THIS FORM:

The above named individual is applying for study at Christ Hospital School of Radiography. 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? \_\_\_\_\_

(PLEASE RATE THE APPLICANT TO THE BEST OF YOUR ABILITY)

(continued)

### 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, projects, etc.					
Motivation for school study					
Preparation for school work					
Ability to work independently					
Personality					
Ability to get along with others					
Honesty					
Judgment					
Leadership					
Assertiveness					
Mental Alertness					

PERSONAL IMPRESSION/REMARKS: \_\_\_\_\_

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\_\_\_\_\_  
 Recommender's Name Date

\_\_\_\_\_  
 Position or Title School/Business

\_\_\_\_\_  
 Address City State Zip Code

\_\_\_\_\_  
 Signature

RETURN TO: Administrative Assistant  
 Christ Hospital  
 School of Radiography  
 176 Palisade Avenue  
 Jersey City, New Jersey 07306