

REFERENCE FORM FOR APPLICANTS TO HEALTH PROFESSIONS PROGRAMS



*Emory University
 Medical Imaging Program
 P.O. Box 25901
 Atlanta, GA 30322*

TO THE APPLICANT: Complete this part of the form and then send to the persons who have agreed to complete it for you. Include a stamped envelope addressed to the above address or have the person providing the reference place the form in a sealed envelope for inclusion with other official application documents.

FULL LEGAL NAME _____ **DATE** _____

ADDRESS _____

PROGRAM AND SEMESTER OF ADMISSION _____

NAME OF INDIVIDUAL PROVIDING REFERENCE _____

In terms of the qualities listed below, please give us your appraisal of the applicant.

How long have you known the applicant? _____

In what capacity? _____

	Exceptional	Outstanding	Above Average	Average	Below Average	Unable to Assess
Intellectual Ability						
Integrity						
Maturity						
Motivation/Initiative						
Ability to work with others						
Oral Communication						
Written Communication						
Leadership/Managerial Potential						
Analytical Ability						
Judgment						
Overall Rating						

Interpersonal Attributes (relationship with peers and authority figures)

Communication Skills (writing and speaking, poise, clarity or presentation of ideas)
