

**Attention Applicant:**

Complete Part I and Part II, then give the form to your reference for completion of Part III. This form should be returned directly to the school from the designated reference.

**PART I**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Position or Title and  
Employer of Reference: \_\_\_\_\_

**PART II****TO THE APPLICANT:**

You must indicate whether or not you desire to waive your right of access to this document. If you decide not to waive your right, this fact will not affect your chances of acceptance in any manner.

If you wish to waive your right of access, read and sign the statement below. If you desire not to waive your access right, do NOT sign the statement.

I hereby waive my right to see this Reference Form:

\_\_\_\_\_  
Applicant's Signature

**PART III:****TO THE REFERENCE:**

The above-named applicant has applied to the Diagnostic Medical Sonography Program at Ascension St. Vincent's and has given your name as a reference. The applicant indicated above whether he/she has or has not waived access to this form. If access is waived, your reference will be kept confidential to the maximum extent allowed by State and Federal Law.

1. Please outline briefly in the space below in what capacity and for how long you have known the applicant:

2. Do you have any reason to doubt this applicant's integrity or honesty? If yes, please explain.

Yes     No

3. Do you think the applicant is prepared to undertake the course of study for which he/she is applying?

- unknown     
  doubtfully     
  not at all     
  probably     
  definitely

4. We would appreciate your candid appraisal of the applicant on the characteristics outlined below. Please indicate with a check mark which is appropriate.

CHARACTERISTICS	Not Observed	Poor	Fair	Good	Excellent
a. General Academic Ability					
b. Industry - Perseverance					
c. Quality of Oral Expression					
d. Quality of Written Expression					
e. Inquisitiveness					
f. Imagination					
g. Motivation for Chosen Profession					
h. Ability to Work With Others					
i. Attitude Toward Others					
j. Consideration/Compassion					
k. Maturity					
l. Moral Character					

5. Please comment on any particular outstanding traits or characteristics of the applicant, giving supporting or illustrative details if possible.

6. Please indicate your overall recommendation.

- not recommended     
  recommended with reservation     
  recommended with confidence     
  recommended enthusiastically

Please return directly to:

**Ascension St. Vincent's Riverside**  
**Program Director/ Diagnostic Medical Sonography**  
**Medical Sciences Education Department**  
**1 Shircliff Way**  
**Jacksonville, Florida 32204**

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Completed