

**Instructions to the Applicant**

Complete the upper portion of this form, provide it to the evaluator with a stamped envelope addressed to Chattanooga State Radiation Therapy Program, 4501 Amnicola Highway, Chattanooga, TN 37406 Attn: Dr. Lisa Legg CBIH 126. This recommendation can be completed by an individual of your choice.

Applicant name (print): \_\_\_\_\_ Date: \_\_\_\_\_

I understand that federal law provides me with a right of access to this recommendation if I am accepted and enroll; while this right may be waived, no school nor individual can require me to waive this right.

Check one of the following:

I waive my right to access this recommendation.  I do not waive my right of access to this recommendation.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to the Evaluator**

The individual listed above is applying to the Radiation Therapy Program at Chattanooga State Community College. The Radiation Therapy Selection Committee is seeking information to assist in the acceptance process. Ideal candidates should possess personal qualifications essential for completing the components of a rigorous academic and clinical program that will assist them in becoming successful and productive members of the healthcare team. The applicant selected you as someone who could accurately provide such an evaluation. Your sincere appraisal of the applicant’s qualifications would be appreciated.

If the applicant waived his/her right of access (see above), this recommendation will remain confidential. If the applicant did not waive the right of access or did not sign above and is accepted and enrolls in the program, the applicant can request to review this reference.

**Please Rate the Applicant in the Following Areas**

*(Evaluation scale: 4 = superior 3= good 2 = average 1 = poor 0 = unacceptable NB = no basis)*

<b>Characteristics/Skills</b>	<b>Score</b>
Attitude: is up-beat and positive	
Empathy: is thoughtful and considerate	
Responsible: is accountable for actions	
Cooperation: works well with others	
Motivation: is enthusiastic and eager	
Judgment: uses common sense	
Adaptable: can adjust to changing situations	
Reliable: is dependable	
Communication: speaks clearly/effectively	
Mature: is emotionally developed	

**Indicate your Overall Recommendation of the Applicant**

Strongly Recommend  Recommend  Recommend with Reservations  Do Not Recommend

How long have you know this applicant? \_\_\_\_\_

**Evaluator Information**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Email(s): \_\_\_\_\_

All application materials should be received by April 15th.