

GULF COAST STATE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

RECOMMENDATION FORM

APPLICANT: Under the Federal law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records, including Recommendation Forms. While we shall consider all recommendation forms carefully, we believe that in many instances recommendations written in confidence, in the long run, are of greater use in the assessment of a student's qualifications, abilities, and promise. I _____ do _____ do not waive my right to review the content of this form.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

TO THE RECOMMENDER:

The person listed below is applying to the Gulf Coast State College Diagnostic Medical Sonography Program. Please read and complete the following Recommendation form as honestly as possible.

Student _____

How well do you know the applicant? _____ Very well _____ Fairly well _____ Slightly

How long have you known the applicant? _____

In what capacity? _____

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

FACTORS	LOW 1	2	MEDIUM 3	4	HIGH 5
Motivation: Genuineness and depth of commitment.					
Maturity: Personal development; ability to cope with life situations.					
Ability to Perform Under Adverse Conditions: Performance under pressure; response to conflict.					
Interpersonal Relations: Ability to get along with others, rapport, co-operation, team building, attitudes toward supervision.					
Critical Thinking: Ability to problem solve; correlate and process information.					
Reliability: Dependability, sense of responsibility, promptness, conscientiousness.					
Communication Skills: Clarity of expression; articulate in both spoken and written form.					
Self-Confidence: Assuredness, capacity to achieve with awareness of own strengths and weaknesses.					
Personal Appearance: Neat, tidy, orderly, clean.					
Quality of Work: accuracy, consistency, timeliness					

In the space provided, please discuss the characteristics of the applicant you feel will make him/her competitive for the Diagnostic Medical Sonography Program.

Positive Attributes:

Areas of Improvement:

_____ I recommend this applicant with confidence.

_____ I recommend this applicant.

_____ I recommend this applicant with some reservations.

_____ I would not recommend this applicant for admission.

RECOMMENDER: Name _____ Date _____
Occupation _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Signature _____

RETURN TO Applicant in sealed envelope with your signature across the flap, or mail to:

**Diagnostic Medical Sonography Program
Gulf Coast State College - Attn. Craig Wise
5230 W. U.S. Highway 98
Panama City, Florida 32401**

Note: Additional copies of this Recommendation Form can be found on our website at

http://www.gulfcoast.edu/health_sciences/medical_imaging/sonography/Recommendation%20Form.pdf