## 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 PRO	VIDING REFERE	NCE				
In terms of the qualities listed be	elow, please give us	s your appraisal o	of the applica	nt.		
How long have you known the a	pplicant?					
In what capacity?						
	Exceptional	Outstanding	Above Average	Average	Below Average	Unable t Assess
Intellectual Ability	Exceptional	Outstanding	Tiverage	nverage	Hverage	1133033
Integrity						
Maturity						
Motivation/Initiative						
Ability to work with others						
Oral Communication						
Written Communication						
Leadership/Managerial Potential						
Analytical Ability						
Judgment						
Overall Rating						
Interpersonal Attributes (relations)	hip with peers and a	uthority figures)				
-						
Communication Skills (writing an	d speaking, poise, cl	larity or presentati	on of ideas)			
-						



## EMORY UNIVERSITY MEDICAL IMAGING PROGRAM



Intellectual Ability (conceptualization, ability to transfer and utilize knowledge in problem solving)
Maturity and judgment (decision making, setting priorities, dependability)
Leadership ability or potential (organization, time management)
Please use this space to provide any qualifying or supporting recommendations that you wish to make.