

STUDENT REFERENCE FORM FOR ADMISSION

Please select the program that you are applying for:

NURSING RADIOLOGIC TECHNOLOGY MEDICAL TECHNOLOGY SURGICAL TECHNOLOGY PARAMEDIC EMT-BASIC HISTOTECHNOLOGY

APPLICANT PLEASE COMPLETE THIS PAGE TO THE ==== LINE AND FORWARD THE FORM TO YOUR REFERENCE (To assist your reference, please go to the back of this form and write the school you are applying to in the return address area.) Name of Reference: Address: Telephone Number: Name of Applicant: Address:						
UNDE	CANTS MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR R THE EDUCATION PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING BELO R STATEMENT A OR B.	wc				
A.	I hereby waive my right of access to the confidential evaluation provided by the person named above, and he/she should be hereby notified that the confidentiality of the evaluation is preserved.					
	Applicant s Signature Date					
B.	I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus, the confidentiality of the evaluations is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application					
	Applicant s Signature Date					
	individual completing and submitting this reference:					
candid	hove named applicant has requested that you complete and submit a reference form on him/her as a late to a Conemaugh Memorial Medical Center School which is indicated above. To find out whether the lace will be confidential, see the choice made by the applicant in the waiver above.					
PLEAS	SE COMPLETE THE FOLLOWING QUESTIONS: How long have you known the applicant?					
2.	In what capacity have you known the applicant?					
4.	What is the applicant s major area of weakness?					
5.	In your own words, briefly discuss if the applicant would be able to adjust to the hospital environment.					