

## Regional Medical Center SCHOOL OF MEDICAL TECHNOLOGY REFERENCE FORM ONE

### PART A

(To be completed by the applicant)

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

**INSTRUCTIONS TO APPLICANT:** Complete Part A and give the form to the individual who has agreed to supply the reference. Ask this individual to fill out Part B of this form and return the form directly to the School of Medical Technology.

#### APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Under the Family Education Rights and Privacy Act of 1974, a student enrolled at McLeod School of Medical Technology has access to his or her educational records. We comply with this law, while still allowing the student the option of waiving the right of access. Some individuals prefer not to complete reference forms unless they can be assured confidentiality. If you wish to waive the right to examine this recommendation, please sign below. Regardless of your decision on waiving your right of future review, your application will be given full consideration.

I hereby freely and voluntarily waive my right to any information contained on this recommendation form submitted by

Name of recommender (provided by applicant) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### PART B

The above named applicant is applying for admission to the McLeod School of Medical Technology, Florence, South Carolina, and has given your name as reference. Would you please complete the form and return directly to:

McLeod Regional Medical Center  
Attn: April B. Orange, MT Program/Lab  
P.O. Box 100551  
Florence, South Carolina 29502-0551

I have known this person in the capacity of:

Academic Advisor \_\_\_\_\_

Instructor \_\_\_\_\_

Employer \_\_\_\_\_

**The following characteristics of the applicant have been considered by me: (Check one)**

<u>Scholarship</u>	<u>Quality of Work</u>	<u>Reliability</u>	<u>Cooperation</u>
Outstanding _____	Outstanding _____	Outstanding _____	Outstanding _____
Above Avg. _____	Above Avg. _____	Above Avg. _____	Above Avg. _____
Average _____	Average _____	Average _____	Average _____
Below Avg. _____	Below Avg. _____	Below Avg. _____	Below Avg. _____
Poor _____	Poor _____	Poor _____	Poor _____
Not able to judge _____	Not able to judge _____	Not able to judge _____	Not able to judge _____

(Complete on Page 2)

The following characteristics of the applicant have been considered by me: (Check one)

<b><u>Attitude</u></b>	<b><u>Written Communication</u></b>	<b><u>Verbal Communication</u></b>	<b><u>Perseverance</u></b>
Outstanding _____	Outstanding _____	Outstanding _____	Outstanding _____
Above Avg. _____	Above Avg. _____	Above Avg. _____	Above Avg. _____
Average _____	Average _____	Average _____	Average _____
Below Avg. _____	Below Avg. _____	Below Avg. _____	Below Avg. _____
Poor _____	Poor _____	Poor _____	Poor _____
Not able to judge _____	Not able to judge _____	Not able to judge _____	Not able to judge _____
<b><u>Punctuality</u></b>	<b><u>Judgment</u></b>	<b><u>Self Confidence</u></b>	<b><u>Motivation</u></b>
Outstanding _____	Outstanding _____	Outstanding _____	Outstanding _____
Above Avg. _____	Above Avg. _____	Above Avg. _____	Above Avg. _____
Average _____	Average _____	Average _____	Average _____
Below Avg. _____	Below Avg. _____	Below Avg. _____	Below Avg. _____
Poor _____	Poor _____	Poor _____	Poor _____
Not able to judge _____	Not able to judge _____	Not able to judge _____	Not able to judge _____

Considering this applicant's overall qualifications for admission to a school of medical technology and to the profession, he/she is rated as: (Check one that best applies to this candidate)

Excellent \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Poor \_\_\_\_\_

Please write any remarks concerning this applicant that we should take into consideration while we evaluate him/her for admission for this Program.

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

Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institute/Organization: \_\_\_\_\_

## Regional Medical Center SCHOOL OF MEDICAL TECHNOLOGY REFERENCE FORM TWO

### PART A

(To be completed by the applicant)

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

**INSTRUCTIONS TO APPLICANT:** Complete Part A and give the form to the individual who has agreed to supply the reference. Ask this individual to fill out Part B of this form and return the form directly to the School of Medical Technology.

#### APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

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I hereby freely and voluntarily waive my right to any information contained on this recommendation form submitted by

Name of recommender (provided by applicant) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### PART B

The above named applicant is applying for admission to the McLeod School of Medical Technology, Florence, South Carolina, and has given your name as reference. Would you please complete the form and return directly to:

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Attn: April B. Orange, MT Program/Lab  
P.O. Box 100551  
Florence, South Carolina 29502-0551

I have known this person in the capacity of:

Academic Advisor \_\_\_\_\_

Instructor \_\_\_\_\_

Employer \_\_\_\_\_

**The following characteristics of the applicant have been considered by me: (Check one)**

#### Scholarship

Outstanding \_\_\_\_\_  
Above Avg. \_\_\_\_\_  
Average \_\_\_\_\_  
Below Avg. \_\_\_\_\_  
Poor \_\_\_\_\_  
Not able to  
judge \_\_\_\_\_

#### Quality of Work

Outstanding \_\_\_\_\_  
Above Avg. \_\_\_\_\_  
Average \_\_\_\_\_  
Below Avg. \_\_\_\_\_  
Poor \_\_\_\_\_  
Not able to  
judge \_\_\_\_\_

#### Reliability

Outstanding \_\_\_\_\_  
Above Avg. \_\_\_\_\_  
Average \_\_\_\_\_  
Below Avg. \_\_\_\_\_  
Poor \_\_\_\_\_  
Not able to  
judge \_\_\_\_\_

#### Cooperation

Outstanding \_\_\_\_\_  
Above Avg. \_\_\_\_\_  
Average \_\_\_\_\_  
Below Avg. \_\_\_\_\_  
Poor \_\_\_\_\_  
Not able to  
judge \_\_\_\_\_

(Complete on Page 2)

The following characteristics of the applicant have been considered by me: (Check one)

<b><u>Attitude</u></b>	<b><u>Written Communication</u></b>	<b><u>Verbal Communication</u></b>	<b><u>Perseverance</u></b>
Outstanding _____	Outstanding _____	Outstanding _____	Outstanding _____
Above Avg. _____	Above Avg. _____	Above Avg. _____	Above Avg. _____
Average _____	Average _____	Average _____	Average _____
Below Avg. _____	Below Avg. _____	Below Avg. _____	Below Avg. _____
Poor _____	Poor _____	Poor _____	Poor _____
Not able to judge _____	Not able to judge _____	Not able to judge _____	Not able to judge _____
<b><u>Punctuality</u></b>	<b><u>Judgment</u></b>	<b><u>Self Confidence</u></b>	<b><u>Motivation</u></b>
Outstanding _____	Outstanding _____	Outstanding _____	Outstanding _____
Above Avg. _____	Above Avg. _____	Above Avg. _____	Above Avg. _____
Average _____	Average _____	Average _____	Average _____
Below Avg. _____	Below Avg. _____	Below Avg. _____	Below Avg. _____
Poor _____	Poor _____	Poor _____	Poor _____
Not able to judge _____	Not able to judge _____	Not able to judge _____	Not able to judge _____

Considering this applicant's overall qualifications for admission to a school of medical technology and to the profession, he/she is rated as: (Check one that best applies to this candidate)

Excellent \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Poor \_\_\_\_\_

Please write any remarks concerning this applicant that we should take into consideration while we evaluate him/her for admission for this Program.

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

Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institute/Organization: \_\_\_\_\_

## Regional Medical Center SCHOOL OF MEDICAL TECHNOLOGY REFERENCE FORM THREE

### PART A

(To be completed by the applicant)

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

**INSTRUCTIONS TO APPLICANT:** Complete Part A and give the form to the individual who has agreed to supply the reference. Ask this individual to fill out Part B of this form and return the form directly to the School of Medical Technology.

#### APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

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I hereby freely and voluntarily waive my right to any information contained on this recommendation form submitted by

Name of recommender (provided by applicant) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### PART B

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Florence, South Carolina 29502-0551

I have known this person in the capacity of:

Academic Advisor \_\_\_\_\_

Instructor \_\_\_\_\_

Employer \_\_\_\_\_

**The following characteristics of the applicant have been considered by me: (Check one)**

#### Scholarship

Outstanding \_\_\_\_\_  
Above Avg. \_\_\_\_\_  
Average \_\_\_\_\_  
Below Avg. \_\_\_\_\_  
Poor \_\_\_\_\_  
Not able to  
judge \_\_\_\_\_

#### Quality of Work

Outstanding \_\_\_\_\_  
Above Avg. \_\_\_\_\_  
Average \_\_\_\_\_  
Below Avg. \_\_\_\_\_  
Poor \_\_\_\_\_  
Not able to  
judge \_\_\_\_\_

#### Reliability

Outstanding \_\_\_\_\_  
Above Avg. \_\_\_\_\_  
Average \_\_\_\_\_  
Below Avg. \_\_\_\_\_  
Poor \_\_\_\_\_  
Not able to  
judge \_\_\_\_\_

#### Cooperation

Outstanding \_\_\_\_\_  
Above Avg. \_\_\_\_\_  
Average \_\_\_\_\_  
Below Avg. \_\_\_\_\_  
Poor \_\_\_\_\_  
Not able to  
judge \_\_\_\_\_

(Complete on Page 2)

The following characteristics of the applicant have been considered by me: (Check one)

<u>Attitude</u>	<u>Written Communication</u>	<u>Verbal Communication</u>	<u>Perseverance</u>
Outstanding _____	Outstanding _____	Outstanding _____	Outstanding _____
Above Avg. _____	Above Avg. _____	Above Avg. _____	Above Avg. _____
Average _____	Average _____	Average _____	Average _____
Below Avg. _____	Below Avg. _____	Below Avg. _____	Below Avg. _____
Poor _____	Poor _____	Poor _____	Poor _____
Not able to judge _____	Not able to judge _____	Not able to judge _____	Not able to judge _____

<u>Punctuality</u>	<u>Judgment</u>	<u>Self Confidence</u>	<u>Motivation</u>
Outstanding _____	Outstanding _____	Outstanding _____	Outstanding _____
Above Avg. _____	Above Avg. _____	Above Avg. _____	Above Avg. _____
Average _____	Average _____	Average _____	Average _____
Below Avg. _____	Below Avg. _____	Below Avg. _____	Below Avg. _____
Poor _____	Poor _____	Poor _____	Poor _____
Not able to judge _____	Not able to judge _____	Not able to judge _____	Not able to judge _____

Considering this applicant's overall qualifications for admission to a school of medical technology and to the profession, he/she is rated as: (Check one that best applies to this candidate)

Excellent \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Poor \_\_\_\_\_

Please write any remarks concerning this applicant that we should take into consideration while we evaluate him/her for admission for this Program.

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

Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institute/Organization: \_\_\_\_\_