Texas State University
Bachelor of Science Respiratory Care (BSRC) Program
Reference Request Form

TO BE COMPLETED BY THE APPLICANT
Applicant’s Name: ________________________________________ Texas State ID: ________________
Address: __________________________________________________________________________________
City: _____________________________ State: ____ Zip: __________
I am applying to the Respiratory Care Program for Fall ______ and certify that this reference is a professional reference and not a family member or friend.

Release of access to this reference: The Applicant must complete and sign one of the following statements before submitting this form to the evaluator. This request is in Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

I hereby voluntarily waive and relinquish any right to access to this confidential reference. I retain my rights to access this confidential reference.

___________________________ __________
Sign                                                Date
___________________________ __________
Sign                                                Date

TO BE COMPLETED BY THE EVALUATOR: The Admission Committee requests a frank appraisal of the applicant’s characteristics and behaviors. This information is useful in selecting applicants for the program.

Please place an X under the rating column which best describes the applicant’s characteristics and qualifications and include a short narrative in the space provided on the second page of this form.

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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<tbody>
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<td>Attitude and Personality</td>
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<tr>
<td>– cooperative, confident, courteous, accepts criticism</td>
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<td>Reliability</td>
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<td>– honest and dependable, ethical behavior</td>
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<td>Personal Appearance</td>
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<td>– neatness and cleanliness</td>
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<td>Work Habits and Industry</td>
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<td>– motivation, self-discipline, resourceful, ability to organize, conscientious, takes initiative</td>
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<td>Performance Under Pressure</td>
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<td>– problem solving skills, critical thinking skills, appropriate response to stress</td>
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<td>Capacity for Independent Thinking</td>
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<td>– curiosity, creativity, leadership</td>
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<td>Communication</td>
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<td>– verbal and written clarity, coherence, confidence in conversation, capacity for empathy</td>
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<td>Likelihood of Career Success</td>
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<td>– Aptitude for health professions</td>
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</table>
Reference Request Form (continued)

Applicant’s Name: ________________________________________________________

Write a short narrative description of your overall impression of the applicant:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

How long have you known the applicant?

In what capacity? (Volunteer related experience is acceptable.)

[ ] I am applicant’s current or former supervisor.
[ ] I am applicant’s current or former employer.
[ ] I am applicant’s current or former instructor.

Overall recommendation: (Please check the appropriate statement.)

[ ] Highly Recommend [ ] Recommend [ ] Recommend with Reservation [ ] Do Not Recommend

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

TO BE COMPLETED BY EVALUATOR (Please Print)

Name ___________________________________ Job Title (if applicable) ______________________________

Name of Agency or Business: _________________________________________________________________

Address:

Street Address ___________________________ City ______ State ______ Zip ______

(_____) ____________________________

Telephone Number

Signature ____________________________ Date ____________________________

Please return this completed form in a sealed envelope with your signature along the seal to
the applicant. Do not send this form directly to the Department of Respiratory Care.

Please note: References must be included in application packet to be turned in by the applicant by
May 1.