

**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.

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

Reference Request Form (continued)

Applicant's Name: _____
Last First MI

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.**