



Health Recommendation Form

for Dental Hygiene, Diagnostic Medical Sonography, Nursing and Radiologic Technology Associate Degree Program Applicants

To The Applicant: After you have filled in the section below, give this form to the individual you have selected to write this recommendation. Recommendations must be from individuals who can evaluate your performance in a work or classroom setting and cannot be from relatives and family members. One recommendation must be from a faculty member.

Name _____ Student ID # _____

Address _____ Telephone _____

Program you are applying to (check one):

- Dental Hygiene Diagnostic Medical Sonography Nursing Radiologic Technology

Waiver:

Family Educational Rights and Privacy Act of 1974

This form is to be used as a recommendation for admission purposes. As currently interpreted by the U.S. Department of Education, the Act provides that applicants who subsequently enroll will have the right to inspect and review the evaluation if it is retained by the college, unless that right is waived in writing. Sign your name below only if you wish to waive your right of access.

I request that this recommendation form be sent to Middlesex Community College with the understanding that it will be used for admission purposes. I understand that I may not read this recommendation and agree that I will not seek to do so, either while I am enrolled at Middlesex Community College or subsequently.

Signature of Applicant

Date

To The Recommender: Thank you for taking the time to complete this recommendation form. Please return this form to Middlesex Community College, Enrollment Communication and Support Department, 33 Kearney Square, Lowell, MA 01852-1987.

Recommended by: _____ Title: _____

1. What is the title of the course that this applicant took or is taking with you, (or the job the applicant currently performs or performed)?

2. Please comment on the applicant's strengths as they relate to the intended program or health field.

3. In relation to the intended program or health field, please comment on the area(s) the applicant needs to improve in:

4. Please rate the applicant according to the following attributes/strengths:
Please check the box that best describes the applicant

	Not Applicable	Below Average	Average	Good (Above Average)	Very Good (Well Above Average)	Excellent (Top 10%)	One of the top few encountered in my career
Problem solving/Critical thinking skills							
Motivation							
Self-confidence							
Independence, initiative							
Intellectual ability							
Academic achievement							
Written expression of ideas							
Interpersonal skills							
Oral communication skills							
Work habits							
Personal qualities and character							
Leadership potential							
Potential for success in program							

5. In relation to the above, do you feel that the applicant has the commitment, personal qualities and academic ability to succeed in the program for which he or she is applying? Yes No Please explain.

I recommend this applicant (Please check that which applies):

- With reservation Fairly strongly Strongly Enthusiastically

Please add any additional comments:

Recommender's Signature

Date