

**ARMSTRONG STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS CONFIDENTIAL REFERENCE FORM**

To be completed by Applicant:

I, _____ am applying to the Medical Laboratory Science Program in the College of Health Professions. I am aware of the provisions of the Family Educational Rights and Privacy Act. I hereby authorize the release of the requested information directly to Armstrong State University. I realize that I will not view or be informed of any portion of your reply. I desire that an objective evaluation be rendered.

(Applicant Signature)

(Date)

To be completed by your Reference:

A frank statement of your opinion will assist us in determining this applicant's capabilities as a student for a rigorous health profession program. Therefore, a high rating should only be given to the really superior applicant. DO NOT return this form to the applicant. If other forms are used, attach this release to your reference. Thank you.

	Superior	Very Good	Good	Fair	Poor	Unknown
Appearance						
Personality						
Perseverance						
Reliability						
Initiative						
Intellectual Ability						

Considering this applicant's general qualifications for admission please rate him/her as:

Very desirable _____, Desirable _____, Fairly desirable _____, Undesirable _____

What contact have you had with this applicant and how well do you know him/her?

Name _____ Position/Title _____ Institution _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Return to: Department of Diagnostics & Therapeutic Science, Medical Laboratory Science Program, Armstrong State University, 11935 Abercorn Street, Savannah, GA 31419-1997