

How long have you known applicant? _____

Relationship to applicant? _____ Advisor
_____ Teacher
_____ Supervisor/ Manager
_____ Coach
_____ Other (Please indicate)

Do you:	<input type="checkbox"/> Highly Recommend	<input type="checkbox"/> Recommend with reservations
	<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommend
Signature:	_____	
Date:	_____	
Name:	_____	
Present Title:	_____	
Institution:	_____	
Address:	_____ _____	
Telephone Number:	_____	

PLACE COMPLETED FORM IN A SEALED ENVELOPE AND SIGN OVER THE FLAP

UNIVERSITY OF HOLY CROSS

4123 WOODLAND DRIVE
NEW ORLEANS, LA 70131

APPLICANT RECOMMENDATION FORM

APPLICANT: It is mandatory that you check **ONE** of the choices below and sign and date this form **BEFORE** sending to your reference. Any reference forms received by the Health Sciences Department that are not signed will **NOT** be valid.

I do _____ do not _____ waive my right to read this reference once it is made a part of my application file for the Clinical EKG/ Cardiovascular Tech Program's Professional Training Component.

Program

Applicant's Name (print)

Date

Applicant's Signature

IMPORTANT

ONLY THE ORIGINAL OF THIS FORM IS ACCEPTABLE.
FAXED AND PHOTOCOPIES WILL NOT BE ACCEPTED.

