

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 Neurodiagnostic Technology 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.

