

**Vanderbilt Center for Radiation Oncology
Program in Radiation Therapy**

Professional Reference Form

Applicant's Name: _____

Social Security Number: _____

Reference's Name: _____

To The Program Applicant

Please have this form completed by a professional reference of your choice, following the guidelines on the application instructions. All application materials are due by April 1st of the academic year.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L.-390 (as amended), with specific reference to Section 438 (a)(1)(B) and Subtitle A sections 99.7, 99.11 and 99.12.

I DO ____ / DO NOT ____ waive my right of access to and review of this letter of reference I am requesting.

NOTE: If you check DO, the reference will remain confidential; if you check DO NOT, you may review this reference after a decision has been made regarding your acceptance into the program.

Applicant's signature: _____

Date: _____

To The Reference

The above named applicant has applied to the Vanderbilt Center for Radiation Oncology Program in Radiation Therapy and given your name as a reference. If the applicant has waived his/her right of access (above), your reference will remain confidential to the maximum extent allowed by state and federal law.

The Radiation Therapy Program's admissions committee is interested in obtaining information that will aid in selecting capable students. It is important that students who are selected be able to complete the academic work successfully, and also possess the personal qualifications essential for competent professional performance. Your candid evaluation of the applicant's qualifications will be greatly appreciated. The pending application will be considered incomplete until your response is received.

Below please briefly outline in what capacity and for how long you have known the applicant.

Please rate the applicant in the following categories, using a scale of 1 to 5, with five being superior and one being poor. If you have no basis for evaluation in any category, please check "No Basis".

Characteristics	Superior 5	4	3	2	Poor 1	No Basis
Academic Potential						
Leadership						
Math & Computer Skills						
Responsibility						
Team Work						
Organization						
Adaptability						
Reliability						
Oral Communication						
Written Communication						
Independence						
Maturity						
Emotional Stability						

Comments

Please add any descriptive comments that will aid in providing a complete picture of the applicant’s abilities and potential as a student and health care professional. Use an extra page if necessary.

Recommendation

() Strongly Recommended () Recommend
 () Recommend with Reservations () Do Not Recommend
 Please explain in comment section.

Please Type or Print

Your name _____ Title _____
 Organization _____
 Street Address _____
 City _____ State _____ Zip code _____
 Day Time Phone Number _____
 Signature _____ Date _____

The staff of the Vanderbilt Center for Radiation Oncology Program would like to thank you for taking the time to assist in the student selection process.

Please Return To: April Tingler, BSRT, (R) (T)
 Program Director - Radiation Therapy Program
 Vanderbilt Center for Radiation Oncology
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 Nashville, TN 37232-5671
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