

Personal Reference



SCHOOL OF OPHTHALMIC MEDICAL TECHNOLOGY

864 Terrace Ct St. Paul, MN 55130 (651) 254-3000

APPLICANT INSTRUCTIONS:

Complete this section and attach this form to reference cover letter, Form A-3a; forward to the individuals you listed as personal references, on your application form.

Applicant's Name (Please print or type) _____

To insure confidentiality of this reference, I waive my rights to inspect it. However, I understand that I may refuse to waive these rights without prejudice to my application.

_____ I waive my rights
(Initial)

_____ I do not waive my rights.
(Initial)

Signature of Applicant _____

EVALUATOR INSTRUCTIONS

Respond to the following questions. Once completed, please mail this form directly to the School of Ophthalmic Medical Technology; do not return to applicant.

1. How long have you known this person?_____

In what capacity?_____

2. Do you feel the applicant would be a good candidate for placement? ____Yes ____no

(Please comment on personal characteristics such as dependability, honesty, ability to relate to others, discretion, etc.).

3. Please identify what you feel to be the applicant's greatest strengths which would affect their success in this program.

4. Please identify what you feel to be the applicant's greatest weakness which would affect their success in this program.

5. Additional comments: _____

DATE _____ SIGNED _____

NAME _____

ADDRESS _____
street city/state zip

TELEPHONE () _____