



Personal Reference Form
Associate of Science in Respiratory Care Program
Skyline College

Applicant's Name and G#

Recommender's Name

Program Applicant: The required letters of reference will help you the applicant in self-assessment of your qualifications, abilities, and potential in the area of health care and field of Respiratory Care. Collect completed letters of reference and submit with the application.

Recommender: Your objective appraisal will assist the applicant in evaluating their potential in the area of health care and field of Respiratory Therapy. You may complete this interactive form before printing or print and complete by hand or complete on official letterhead referencing the questions. Please return the completed form to the applicant. If you do not wish to evaluate the applicant, please check the last box in item #5 and return the form. Thank you for your time and assistance.

1. For how long and in what capacity have you known the applicant?

2. Describe observed strengths or weaknesses and evidence of maturity or immaturity of the applicant.

3. Do you believe Respiratory Care to be a realistic professional goal for the applicant? Explain.

4. Describe any personal, physical or emotional characteristics the applicant displays that may be important to success in this profession.

5. Considering your knowledge of this applicant, how would you rate them as a candidate for the Bachelor Degree in Respiratory Care Program? If you have some reservations, please explain.

- Highly recommended
- Recommended
- Some reservations
- Serious reservations
- I do not feel I can adequately evaluate this candidate and would prefer the candidate seek a recommendation from another individual.

Comments:

Recommenders Name:

Recommenders Signature: Date:

Company:

Title/position:

Email Address: Phone:

Completed letter of reference may be returned to applicant for submission, or submitted directly to Skyline College Respiratory Care Program, 3300 College Drive, San Bruno, CA 94066.