

**MISSOURI SOUTHERN STATE UNIVERSITY/  
FRANKLIN TECHNICAL CENTER  
DEPARTMENT OF RESPIRATORY THERAPY**

**PERSONAL REFERENCE**

\_\_\_\_\_ has given this form to you so that you may give a  
(Applicant's Name "Please Print")  
reference for admission into the Respiratory Therapy Program at Missouri Southern State  
University.

**WAIVER**

The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the Health Science programs. If you elect to waive YOUR rights of access to and review of this information, please sign your name.

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Applicant's Signature)

Length of acquaintance: Years \_\_\_\_\_ Months \_\_\_\_\_ Semesters \_\_\_\_\_

**RATING OF APPLICANT:** (Based upon your direct observation and knowledge of the applicant place an "X" in the appropriate column)

	Exceptional	Above Average	Average	Below Average	Not Observed
Ability to work with group					
Organizational qualities					
Writing ability					
Interpersonal skills					
Adaptability/flexibility					
Responsibility/Dependability					

(OVER)

	Exceptional	Above Average	Average	Below Average	Not Observed
Acceptance of constructive criticism					
Confidence					
Verbal communication skills					
Initiative					

OPTIONAL COMMENTS: (E.G., Potential for success, academic achievement, attitude, etc.)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Title or Position \_\_\_\_\_

Address (print) \_\_\_\_\_

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PLEASE RETURN THIS FORM TO THE APPLICANT SEALED IN AN ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OR MAIL DIRECTLY TO

**MSSU/FTC**  
**Respiratory Program**  
**3950 East Newman Road**  
**Joplin MO 64801**  
**417-659-4400**