Palo Alto College

Veterinary Technology Program

 Request for Reference

Deadline Monday June 3rd by 5pm

 , is requesting that you serve as a reference for his/her application

 (Printed Applicant Name)

for admission to the Veterinary Technology Program. To assist us in evaluating his/her application, please

complete the following information and return it to the applicant in a **sealed envelope with your signature over**

**the closure.**

In completing the form, please rate the applicant in comparison to other employees you have known.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Exceptional | Above Average | Average | Below Average |
| Dependability/ Punctuality |  |  |  |  |
| Enthusiasm |  |  |  |  |
| Initiative |  |  |  |  |
| Communication Skills |  |  |  |  |
| Cooperation with co-workers |  |  |  |  |
| Probability of success in a veterinary technology program |  |  |  |  |

How long have you known the applicant? Year(s) \_\_ month(s) \_\_\_\_\_\_\_week(s)

Please make any comments that you think would assist the program in evaluating the candidate’s application. (e.g., strengths and/or weaknesses. If more space is needed, please use the back of this sheet)

How would you rank the applicant for recommendation for the Veterinary Technology Program?

 Highly recommend

 Recommend

 Unsure of recommendation

 Cannot recommend

Must be signed by the D.V.M. or L.V.T.

Signature Date

Printed or Typed Name Phone number (office, home, or cell)

Clinic Title

Address

 **Please Return Form to Applicant in a Sealed Envelope, Signed Over the Closure.** Page 4