

**Middle Georgia State University
School of Health Sciences
Respiratory Therapy Program**

Academic Reference

To the Student: This academic reference should be given to a professor who has taught you in the classroom, knows you well, and is able to judge your academic qualifications.

To the person completing this reference form: The person sending you this reference form is applying to the Respiratory Therapy Program, and has selected you as a reference. Please complete this form and send it to the Respiratory Therapy Program.

Applications need to be sent directly to the Respiratory Therapy Department using one of the following methods:

Email: teri.miller@mga.edu

Mail: MGA – Respiratory Therapy Program
Application Reference
100 University Drive
Macon, GA 31206

References may be submitted up until May 15, with the preference for early submission. Please call (478) 471-2783 if you have any questions.

Respiratory Therapy Program Academic Reference

Student Name _____

In which course did you teach the student? _____

Name of college or university: _____

| | Outstanding | Excellent | Good | Average | Poor |
|--|-------------|-----------|------------|------------|-------------|
| | (Top 1%) | (Next 5%) | (Next 10%) | (Next 25%) | (Below 50%) |
| Academic Interest, Motivation, and Initiative | | | | | |
| Attendance, arrives to class on time, turns assignments in on time | | | | | |
| Overall quality of work | | | | | |
| Oral communication skills -can articulate thoughts -presentation skills | | | | | |
| Written communication skills -spelling and grammar -ability to organize thoughts in written format | | | | | |
| Participates in class -frequently contributes -comments are appropriate | | | | | |
| Problem solving and critical thinking -seeks assistance from instructor if needed, but only when needed | | | | | |
| Developmental Potential -demonstrates potential for professional growth | | | | | |
| Accepts feedback -does not become defensive -uses feedback to make changes | | | | | |
| Overall impression -I would recommend this student for the OTA Program | | | | | |

Faculty Name: _____

Date: _____

Email address: _____

Phone # _____

Comments: _____