



FIRST PROFESSIONAL RECOMMENDATION FORM

(Recommendations from friends or family members will not be considered.)

RECOMMENDER: The individual whose name appears on this form is applying for admission to Autry Technology Center's Advanced Medical programs. **This form must be on file before admission can be considered, therefore your prompt completion will be appreciated.** Recommendations will be kept confidential.

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS:	Superior Upper 25%	Average Middle 50%	Poor Lower 25%
MOTIVATION: Depth of commitment; determination			
MATURITY: Ability to adapt to life situations; adulthood			
JUDGMENT: Ability to analyze or reach an intelligent conclusion; common sense			
RELIABILITY: Sense of responsibility; promptness; dependability			
RESOURCEFULNESS: Capability to manage or meet situations; originality			
INTERPERSONAL SKILLS: Ability to get along or work with others; cooperation			
COMMUNICATION SKILLS: Ability to speak or clearly express oneself; articulateness			
PERSEVERANCE: Ability to continue; endurance; stamina			
SELF-CONFIDENCE: Certainty of strengths and weaknesses; assuredness			

PLEASE CHECK ONE OF THE FOLLOWING TO INDICATE YOUR RECOMMENDATION:

- Recommend without reservation
- Recommend with reservations
- Recommend
- Cannot recommend at this time

COMMENTS

How long have you known the applicant? _____ In what capacity? _____

(Recommendations from friends or family members will not be considered.)

Recommender Name _____ Recommender Employer/Position _____

Address _____ City _____ State _____ Zip _____ Telephone Number _____

Signature

Date

PLEASE MAIL TO: LINDA BELKNAP, COUNSELOR
 Autry Technology Center
 1201 W. Willow, Enid, OK 73703
 580.242.2750, ext. 182

APPLICANT'S NAME: _____

INSTRUCTIONS TO APPLICANT

Three completed reference forms are necessary before any admission decision can be made. Give this form to a responsible person and ask that person to mail the form *directly to the name and address on the front.*

TO BE COMPLETED BY APPLICANT:

I understand that this recommendation is for admission purposes only and will not be available for my review or part of any permanent record.

Name (Please Print)

Address

City

State

Zip Code

Email Address:

Home Phone

Business Phone

Cell Phone

Signature

Date



Autry Technology Center does not discriminate on the basis of race, color, sex, pregnancy, gender, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information. Questions or concerns should be directed to the Director of Student Services or the Assistant Superintendent.

Autry Technology Center no discrimina en base a raza, color, género, estado de embarazo, nacionalidad de origen, religión, discapacidad, estado de veterano, orientación sexual, edad o información genética. Las preguntas o inquietudes deben dirigirse al Director de Servicios Estudiantiles o al Asistente del Superintendente.



SECOND PROFESSIONAL RECOMMENDATION FORM

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COMMUNICATION SKILLS: Ability to speak or clearly express oneself; articulateness			
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Name (Please Print)

Address

City

State

Zip Code

Email Address:

Home Phone

Business Phone

Cell Phone

Signature

Date



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THIRD PROFESSIONAL RECOMMENDATION FORM

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Name (Please Print) _____

Address _____ City _____ State _____ Zip Code _____

Email Address: _____

Home Phone _____ Business Phone _____ Cell Phone _____

Signature

Date



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