

**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 (Top 1%)	Excellent (Next 5%)	Good (Next 10%)	Average (Next 25%)	Poor (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 BS Entry Respiratory Therapy Program					

Faculty Name:

Date:

Email address:

Phone #

Comments: