



ALLIED HEALTH DIVISION

615 City Park Avenue
New Orleans, LA 70119-4399
(504) 671-6201

RECOMMENDATION OF APPLICANT

TO BE COMPLETED BY THE APPLICANT:

I (please print name)_____am applying to Delgado

Community College Allied Health Division._____

Name of Program

Applicant's Waiver to Access Recommendation Letters

I, the undersigned, as an applicant do hereby waive my right of access to information set forth in evaluations and/or recommendations which have been prepared for the purpose of seeking admission to the Delgado Community College Allied Health Division. Furthermore, I do waive my right to examine such confidential information that may be placed in the education records and do expressly authorize destruction of such materials after they have served the admissions purposes for which intended.

(Signature of Student)

(Date)

NOTE: Signing of this waiver is not a requirement for admission, receipt of financial aid or receipt of any other services or benefits from Delgado Community College Allied Health Division.

TO BE COMPLETED BY THE RECOMMENDER:

1. Indicate area of principal contact with applicant:

Classroom Research Project Counselor

Laboratory Seminar Group

Other - describe: _____

2. Do you feel that you know applicant well enough to give a reasonable, comprehensive estimate of academic ability, and personal potential?

Yes Probably Not sure

**DELGADO COMMUNITY COLLEGE
ALLIED HEALTH DIVISION APPLICANT REFERENCE FORM**

APPLICANT: _____ PROGRAM/COURSE _____

The above applicant has applied for admission to an Allied Health Program at Delgado Community College. Your response to the following questions will be used **confidentially** by the Allied Health Admission committee in giving consideration to the applicant's qualifications for admission. The committee would appreciate your completion of this form.

	Excellent	Above Average	Average	Below Average	Lacking Information
Ability to Learn					
Initiative					
Attitude					
Integrity					
Ability to Handle Stress					
Self-confidence					
Leadership					
Promptness & Attendance					
Maturity					
Ability to communicate Verbally					
Written communication skills					
Cooperativeness with Peers & Supervisors					
Dependability					

Applicant's Strengths _____

Applicant's Weaknesses: _____

Additional Comments: _____

PRINT NAME: _____ TITLE: _____

SIGNATURE: _____

Your place of employment and phone number for verification of reference: _____

Please enclose your completed form in this envelope, seal the envelope, sign your name on the line provided and return it to the applicant. DCCAH will accept from the applicant only those references which are enclosed in sealed, signed envelopes, even in cases where the applicant has retained the right to access.