

Surgical Technology Program Recommendation Form

To the Applicant: This recommendation form should be given to an individual who is in a position to comment on your qualifications for entering the Surgical Technology Program. **Please fill in your name and student Id number below.** Give the form to your recommender, along with a postage paid envelope for return mail to the surgical technology program director Brandy Mendoza P.O. Box 7010 El Dorado, AR 71731.

Name _____ Student ID _____

Last
First MI Maiden
(If known)

To the person making recommendation: The above individual has made application to the surgical technology program at South Arkansas Community College. Your assistance in completing this form is appreciated. The information will be used by the Program Director and faculty in the selection of students for admission to the program.

How long have you known the applicant? _____

In what capacity? _____

Rate the applicant in terms of quality by checking the appropriate space listed below.

Characteristics	Superior	Good	Fair	Poor	Unknown	Comments
Intellectual Ability						
Dependability						
Attitude						
Motivation						
Ability to get along with others						
Ethical Behavior						
Self-Confident						
Maturity						
Initiative						
Attendance						
Reaction under Stress						
Honesty						

Indicate below your recommendation of this applicant.

_____ Highly recommend

_____ Recommend

_____ Recommend, but with reservation

_____ Do not recommend

Use the space below to make any additional comments.

(Please print or type the following information)

Name _____

Position/Title _____

Institution _____

Address _____

Telephone _____

Signature _____

Return Form Directly To:

SouthArk

Attn: Brandy Mendoza, Surgical Technology Program

Health Sciences Division

P.O. Box 7010

El Dorado, AR 71731-7010

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