THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
RADIATION THERAPY PROGRAM
REFERENCE FORM

APPLICANT: ______________________________________________________

INSTRUCTIONS TO APPLICANT: This form is to be given to each of the
three persons you are naming as references. References should be chosen from
professors, allied health personnel, instructors, counselors, or immediate
supervisors who are able to comment on your qualifications for study in the
Division of Diagnostic and Therapeutic Sciences. They should be people
you have known for at least six months.

INSTRUCTIONS TO REFERENCE: Please write on the back of this page your
frank opinion of the above named applicant. Reference forms are used only in the
process of admission into our program(s). Your opinion will assist us in
determining his/her qualifications for acceptance. You can best help the candidate
by making careful and discriminating statements of his/her strong or weak points,
rather than by merely praising the individual. Please indicate how long and well
you know the applicant and tell what you can of his/her ability, aptitude, emotional
adjustment, oral expression, personal appearance, and potential for success.

UAB Radiation Therapy Program
RMSB 434
1530 3rd Avenue South
Birmingham, Alabama 35294-1212

SIGNATURE OF REFERENCE: ___________________________________ DATE: _____________

PRINT NAME: ______________________________________________________

POSITION AND/OR TITLE: _____________________________________________

PLACE OR EMPLOYMENT: ____________________________________________

ADDRESS: _________________________________________________________