Middle Georgia StateUniversity School of Health Sciences Respiratory Therapy Program

AcademicReference

To the Student This acadenic reference should be given to a psooferwho has taught you in the classroom, knows you wile and is able to judge your acardise qualifications.

To the person completing this reference form The personsending you this reference form is applying

to the Respiratory Therapy Program, and has sected you as a free ence. Pease complete this form and send it to the Respiratory Therapy gram.

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 Therap Program
Appaition Reference
100 University Drive

Macon, GA 31206

References maybe submitted up until May 15, with the preference for early submission. Pleasecal (478) 471-2783 ifyou have an questions.

Respiratory Therapy Program AcademicReference

Student Name

In which course did youetach the studte?

Name of college or univerity:

Outstanding Excellent Good Average Poor