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Applicant Name ________________________________________________________

Dalton State College
Associate of Applied Science Degree in Respiratory Therapy Technology
Applicant Recommendation – Page 2 of 2

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__________ Advisor      __________ Teacher      __________ Supervisor       __________Employer
__________ Other (Please describe _________________________________________________)

How long have you known the applicant? ______________________________________________

How well do you know the applicant? _________________________________________________

Do you __________ Highly Recommend   __________ Recommend

__________ Recommend with reservation    __________ Not Recommend

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Signature ______________________________________________ Date ____________________

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Institution/Business________________________________________________________________

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May someone contact you about this applicant?  ________________ Yes ________________ No

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Or if you prefer, you may mail this form directly to: Dalton State College
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650 College Drive
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