

# St. Joseph, School of Radiologic Technology Recommendation Form



**Applicants Printed Name:** \_\_\_\_\_

**Applicant:** Under Federal law entitled the Family Educational Rights Act of 1974, students have the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances that letters written in confidence are of greater use in the assessment of a student's qualifications and abilities. Please carefully read both statements below and sign your name after the statement with which you agree.

I waive my right to review the content of this form: \_\_\_\_\_  
Applicants Signature Date

I do **NOT** waive my right to review the content of this form: \_\_\_\_\_  
Applicants Signature Date

**To the Person Recommending:**

The person listed above is applying to the Ascension – St Joseph, School of Radiologic Technology and has asked you for a recommendation. We are eager to select individuals whose accomplishments, personal attributes, and abilities make them likely to succeed in this demanding program. Please provide a thoughtful and sincere appraisal of this applicant by completing and returning this form. A delay in returning the form could result in the person's application not being considered.

If you do not know the applicant well enough to complete the form please return the form to the applicant.

How well do you know the candidate? \_\_\_\_\_ Very Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Slightly

How long have you know the applicant? \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	<b>Does Not Meet Expectations</b>	<b>Below Expectations</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Work Ethic				
Attitude & Cooperation				
Critical Thinking				
Attendance/Punctuality				
Reaction to Criticism				
Self-confidence				
Personal Appearance				
Quality of Work				
Rate how you would recommend this individual				
Communication Skills				

In the space provided, please discuss the characteristics of the applicant that you feel will makes him or her a competitive candidate for the Radiography Program.

**Positive attributes:**

**Areas needing improvement:**

**Person completing recommendation:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_