RADIOLOGIC TECHNOLOGY PROGRAM
RECOMMENDATION FORM

I. This section to be completed by the applicant:

Applicant’s Name (Last, First, MI)

______________________________________________________________

D.O.B. ____________________________  Contact Number __________________

Waiver of Accessibility:

I understand that this evaluation will be confidential, and I waive my right to read it.

Applicant’s signature:  _

I DO NOT waive my right to read this evaluation.

Applicant’s signature:  _

*Have this form completed by someone other than a family member, such as an employer or a teacher/instructor.
II. This section is to be completed by the person providing the recommendation: Your evaluation of the applicant’s personal qualifications is important in considering his/her interests and ability, and your evaluation will be handled confidentially. Where your acquaintance is insufficient for comment, write “cannot report.”

a. How long have you known the applicant?

b. Describe your contact with the applicant.

c. What do you consider to be the person’s assets or strong characteristics?

d. In your opinion, does this person exhibit any personality characteristics that might negatively impact a career in healthcare?

   _____ No  _____ Yes (If yes, please provide additional information.)
Place an “X” in the appropriate spaces below. Please comment on the factors you considered to arrive at your rating. You can use the back if more room is needed.

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<tr>
<th>Factor</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>No Basis for Judgment</th>
<th>Comments</th>
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___ Strongly recommend
___ Recommend with reservation
___ Recommend
___ Do not recommend
Your Name: ________________________________

Title: ____________________________________

Phone Number: ____________________________

Email Address: ____________________________

Address: __________________________________

Signature: ________________________________ Date: ________________

**Directions:** Place completed form in a sealed envelope, sign your name over the seal and return it to the applicant for inclusion with their application. If you prefer to forward directly to the University, please mail to:

Franciscan Missionaries of Our Lady University  
Office of Admissions  
5414 Brittany Drive  
Baton Rouge, LA 70808