

## BISMARCK MEDICAL CENTER RADIOGRAPHY PROGRAM RECOMMENDATION FORM

Name of applicant: \_\_\_\_\_  
First name
Middle
Last

**Letters of recommendation are destroyed after a student has been selected and are not kept as part of any permanent file. They are only used as part of the selection process. All information is confidential so the student will not view this recommendation.**

**To the evaluator: Please complete this form and place it in a sealed envelope.** Then sign your name over the seal, write recommendation for “student’s name” on the front, and then give the envelope back to the applicant.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. How well do you know the applicant? \_\_\_\_\_Very well \_\_\_\_\_Fairly well \_\_\_\_\_Slightly

Please rate the applicant on the following characteristics below: (5 being the highest, 1 the lowest)

	5	4	3	2	1	Unable to evaluate
Written communication						
Verbal communication						
Emotional stability						
Motivation						
Attitude						
Decision-making ability						
Quality of performance						
Dependability						
Interpersonal skills						
Ability to follow instructions						
Reaction to criticism						



What do you perceive to be the applicant's strengths?

What do you perceive to be the applicant's weaknesses?

Briefly describe anything that you feel the admissions committee should know about the applicant's character, or possible reasons why you have judged him/her as such.

What is your overall impression of this candidate? (check one)

- Would highly recommend
- Would recommend with some reservation
- Hesitant to recommend

Name of evaluator (printed): \_\_\_\_\_

Signature of evaluator: \_\_\_\_\_

Position/title: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you? \_\_\_\_\_ Yes \_\_\_\_\_ No Phone: (\_\_\_\_) \_\_\_\_\_

