

University of New Mexico School of Medicine
Radiologic Sciences Programs

PROFESSIONAL REFERENCE FORM

Please print or type:

Applicant's Name _____

Address _____
City State Zip Code

Daytime Phone _____ Date _____

Evaluator's Name _____

APPLICANT INSTRUCTIONS:

Fill in the information above and give this form to the evaluator of your choice with a stamped envelope addressed to:

Radiologic Sciences Programs
MSC09 5260
1 University of New Mexico
Albuquerque, NM 87131-0001

Suggested evaluators include your current or former work supervisor, instructor, colleague, training director, etc.

TO THE EVALUATOR:

The person named above is applying for admission to the University of New Mexico Radiologic Sciences Program and has requested that your evaluation be included as part of the information on which the selection committee will base their admission decision. The committee finds candid evaluations very helpful in choosing from among highly qualified applicants and would appreciate your response to the evaluation form on the reverse side.

The U.S. Family Education Rights and Privacy Act of 1974 (Buckley Bill) requires that permanent files be open to students. To comply with the Buckley Bill and to insure a candid response from evaluators, the Radiologic Sciences Program will remove from the applicant's file the completed evaluations of all successful applicants prior to the student entering the Program. **Thus, your comments will not reach the applicant.**

Please return the completed reference form in the envelope provided, with sufficient time to reach our office **by March 31**, the deadline for application. Thank you for your assistance.

(OVER)

EVALUATION OF APPLICANT

Evaluator's Name _____

Address _____

Phone _____

Position/Title/Profession _____

How long and in what capacity (supervisor, colleague, instructor, etc.) have you known the applicant?

For each characteristic, please mark an "X" under the number that best represents your appraisal of the applicant. Feel free to comment further on a separate sheet.

	Outstanding		Good		Average		Below Average		Poor		Unknown
	10	9	8	7	6	5	4	3	2	1	0
JUDGEMENT: Can analyze problems; makes reasonable decisions.											
INTELLECT: Can learn, reason think abstractly; has capacity for knowledge and understanding											
ORAL COMMUNICATION: Expresses thoughts and ideas clearly; uses language correctly.											
WRITTEN COMMUNICATION: Expresses thoughts and ideas clearly; uses language correctly.											
EMOTIONAL STABILITY: Able to cope with life situations.											
SELF-CONFIDENCE: Trusts own judgments, feelings and abilities.											
EMPATHY: Understands thoughts, feelings and motivations of others.											
INTEGRITY: Adheres to a strong code of ethics and system of values.											
RELIABILITY: Can be depended upon, trusted.											
RESPONSIBILITY: Assumes duties and meets obligations.											
SELF-DISCIPLINE: Can act and follow through without reliance on a superior authority.											
INITIATIVE: Able to think and act without being urged.											
RESPONSIVENESS: Reacts favorably to instructions and constructive criticism.											
PERSONALITY: Demonstrates traits which are socially appealing.											
LEADERSHIP: Able to exert influence on and guide actions of others.											
TEAM PLAYER: Works with others to reach common goals.											
MOTIVATION: Has the ability and commitment to pursue a rigorous course of professional study.											
OVERALL SUITABILITY TO BE MY HEALTH CARE PROVIDER: Makes me feel confident that I would get the best health care possible.											

Signature _____ Date _____