

## Radiologic Sciences Program Professional Reference Form

## **APPLICANT INSTRUCTIONS:**

Fill in the information below before giving this to the evaluator of your choice. Suggested evaluators include your current or former work supervisor, instructor, colleague, training director, etc. Also provide a stamped envelope addressed to:

Radiologic Sciences Program MSC09 5260 1 University of New Mexico Albuquerque, NM 87131-0001 Reference Form and Letter may also be emailed directly from the referee to Stevee McIntyre at <a href="mailto:steve-mcintyre@salud.unm.edu">steve-mcintyre@salud.unm.edu</a>

You a	are required to check one of the choice	ces below BEFORE giving this	s form to your evaluate	or:					
	This evaluation is confidential and evaluator.	d I waive my right to inspect a	rive my right to inspect and review the evaluation submitted by my						
	This evaluation is not confidential and I have the right to inspect and review the evaluation submitted by my evaluator.								
Appli	icant please print or type:								
Appli	cant's Name:								
Addre	ess:	City:	State:	Zip Code:					
Phone	2:	<u> </u>	<u> </u>	<u> </u>					
Evalu	ator's Name:								

## **TO THE EVALUATOR:**

The person named above is applying for admission to the University of New Mexico Radiologic Sciences Programs 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.

Please return the following no later than the first Friday in April:

- 1. Reference Form
- 2. Reference Letter

EVALUATION OF APPLICANT								
Evaluator's Name								
Position/Title/Profession:								
Email Address:	Phone:							
How long and in what capacity (supervisor, colleague, instructor, etc.) have you known the applicant:								

For each characteristic, please check under the number that best represents your appraisal of the applicant. Feel free to comment further in the reference letter.

	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 judgements, 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 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.											