

Recommendation | Employment History

Nuclear Medicine Technology Program Applicant Reference Form

Name of Applicant: _____

Current Address: _____

Name of Reference: _____

Note to the Applicant: Enter your name and address above. Give this form to the individual you have asked to provide a reference. The reference should complete this form and mail it to the Program Director.

I hereby waive any rights I may have to this recommendation form when completed. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the Nuclear Medicine Technology Program.

Applicant Signature: _____ Date: _____

Note to the reference: Your assessment of this applicant will greatly assist the Admissions Committee in its decision. The recommendations are an important part of the application process, and your time in furnishing this information is greatly appreciated. If you prefer an alternate recommendation form, please feel free to submit your own. **Please do not return this form to applicant. Please mail to: Frank G. Steffel, Program Director**

Nuclear Medicine Division
Froedtert & Medical College of Wisconsin
9200 W. Wisconsin Avenue
Milwaukee, WI 53226

1. How long and in what capacity have you known the applicant?

2. What characteristics do you consider to be the applicant's principal strengths and talents?

3. In what areas, if any, can the applicant improve?

4. Using the chart below please give the appraisal of the applicant relative to other individuals you have known in a similar capacity:

	Exceptional (Top 2%)	Outstanding (Top 5%)	Excellent (Top 15%)	Good (Top 1/3)	Average (Middle 1/3)	Below Average	Not Observed
Intellectual Ability							
Maturity							
Motivation							
Ability to work with others							
Creativity/Imagination							
Self-Confidence							
Leadership Potential							
Ability to Analyze Problems and Formulate Solutions							
Oral Communication Skills							
Written Communication Skills							

Describe briefly the population against which you are rating the candidate:

5. Use the space provided below to note any additional comments concerning the applicant, particularly his/her aptitude for an education and career in nuclear medicine technology. If more space is needed, feel free to use an additional sheet. If you would prefer, you may write on your own stationery.

Overall Rating:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

Name: _____

Title: _____

Employer: _____

Business Address: _____

Signature: _____ Date: _____

Recommendation | Academic History

Nuclear Medicine Technology Program Applicant Reference Form

Name of Applicant: _____

Current Address: _____

Name of Reference: _____

Note to the Applicant: Enter your name and address above. Give this form to the individual you have asked to provide a reference. The reference should complete this form and mail it to the Program Director.

I hereby waive any rights I may have to this recommendation form when completed. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the Nuclear Medicine Technology Program.

Applicant Signature: _____ Date: _____

Note to the reference: Your assessment of this applicant will greatly assist the Admissions Committee in its decision. The recommendations are an important part of the application process, and your time in furnishing this information is greatly appreciated. If you prefer an alternate recommendation form, please feel free to submit your own. **Please do not return this form to applicant. Please mail to: Frank G. Steffel, Program Director**

Nuclear Medicine Division
Froedtert & Medical College of Wisconsin
9200 W. Wisconsin Avenue
Milwaukee, WI 53226

1. How long and in what capacity have you known the applicant?

2. What characteristics do you consider to be the applicant's principal strengths and talents?

3. In what areas, if any, can the applicant improve?

4. Using the chart below please give the appraisal of the applicant relative to other individuals you have known in a similar capacity:

	Exceptional (Top 2%)	Outstanding (Top 5%)	Excellent (Top 15%)	Good (Top 1/3)	Average (Middle 1/3)	Below Average	Not Observed
Intellectual Ability							
Maturity							
Motivation							
Ability to work with others							
Creativity/Imagination							
Self-Confidence							
Leadership Potential							
Ability to Analyze Problems and Formulate Solutions							
Oral Communication Skills							
Written Communication Skills							

Describe briefly the population against which you are rating the candidate:

5. Use the space provided below to note any additional comments concerning the applicant, particularly his/her aptitude for an education and career in nuclear medicine technology. If more space is needed, feel free to use an additional sheet. If you would prefer, you may write on your own stationery.

Overall Rating:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

Name: _____

Title: _____

Academic Institution: _____

Address: _____

Signature: _____ Date: _____

Recommendation | Personal

Nuclear Medicine Technology Program Applicant Reference Form

Name of Applicant: _____

Current Address: _____

Name of Reference: _____

Note to the Applicant: Enter your name and address above. Give this form to the individual you have asked to provide a reference. The reference should complete this form and mail it to the Program Director.

I hereby waive any rights I may have to this recommendation form when completed. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the Nuclear Medicine Technology Program.

Applicant Signature: _____ Date: _____

Note to the reference: Your assessment of this applicant will greatly assist the Admissions Committee in its decision. The recommendations are an important part of the application process, and your time in furnishing this information is greatly appreciated. If you prefer an alternate recommendation form, please feel free to submit your own. **Please do not return this form to applicant. Please mail to: Frank G. Steffel, Program Director**

Nuclear Medicine Division
Froedtert & Medical College of Wisconsin
9200 W. Wisconsin Avenue
Milwaukee, WI 53226

1. How long and in what capacity have you known the applicant?

2. What characteristics do you consider to be the applicant's principal strengths and talents?

3. In what areas, if any, can the applicant improve?

4. Using the chart below please give the appraisal of the applicant relative to other individuals you have known in a similar capacity:

	Exceptional (Top 2%)	Outstanding (Top 5%)	Excellent (Top 15%)	Good (Top 1/3)	Average (Middle 1/3)	Below Average	Not Observed
Intellectual Ability							
Maturity							
Motivation							
Ability to work with others							
Creativity/Imagination							
Self-Confidence							
Leadership Potential							
Ability to Analyze Problems and Formulate Solutions							
Oral Communication Skills							
Written Communication Skills							

Describe briefly the population against which you are rating the candidate:

5. Use the space provided below to note any additional comments concerning the applicant, particularly his/her aptitude for an education and career in nuclear medicine technology. If more space is needed, feel free to use an additional sheet. If you would prefer, you may write on your own stationery.

Overall Rating:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

Name: _____

Signature: _____ Date: _____