

Recommendation Form | School of Radiologic Technology

 Applicant's Printed Name

Applicant: Under Federal law entitled the Family Educational Rights Act of 1974; students have the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances that letters written in confidence are of greater use in the assessment of a student's qualifications and abilities. Please carefully read both statements below and sign your name after the statement with which you agree.

I waive my right to review the content of this form. _____
Applicant's Signature Date

I do **NOT** waive my right to review the content of this form _____
Applicants Signature Date

To the Person Recommending:

The person listed above is applying to the Froedtert Hospital School of Radiologic Technology and has asked you for a recommendation. We are eager to select individuals whose accomplishments, personal attributes, and abilities make them likely to succeed in this demanding program. Please provide a thoughtful and sincere appraisal of this applicant by completing and returning this form by **January 31**. A delay in returning the form could result in the person's application not being considered. Directions for return are on the bottom of the back page.

If you do not know the applicant well enough to complete the form please return the form to the applicant.

How well do you know the candidate? _____ **Very Well** _____ **Fairly Well** _____ **Slightly**

How long have you know the applicant? _____

In what capacity do you know this person? _____

	Does Not Meet Expectations	Below Expectations	Meets Expectations	Exceeds Expectations
Work Ethic				
Attitude & Cooperation				
Critical Thinking				
Attendance/punctuality				
Reaction to criticism				
Self-confidence				
Personal Appearance				
Quality of Work				
Rate how you would recommend this individual				

In the space provided, please discuss the characteristics of the applicant that you feel will make him or her a competitive candidate for the Radiography Program.

Positive attributes:

Areas needing improvement:

Person completing recommendation:

Name: _____ Date: _____

Occupation: _____

Address: _____

City/State/Zip: _____

Daytime Phone Number: () _____ E-mail: _____

Signature: _____

Please do **NOT** return to applicant. **Mail to:**

Kyle Theine - Radiography Program Director
Froedtert Hospital School of Radiologic Technology
9200 West Wisconsin Avenue
Milwaukee, WI 53226-3596