

REFERENCE FORM

BOISE STATE UNIVERSITY
DEPARTMENT OF RADIOLOGIC SCIENCES
ASSOCIATE OF SCIENCE, RADIOLOGIC SCIENCES
MS. LESLIE KENDRICK, PROGRAM DIRECTOR (208) 426-1996

FAX: 208-426-4459
DEADLINE: FEB 15

Name of Applicant _____
Last First M.I.

To the Applicant: Students of Boise State University have the right to inspect their files upon request. So that the person you have requested to write a letter of recommendation will know if their letter will be held in confidence or if the letter will be open to inspection, the following policy is stated:

"Reference forms and accompanying information are destroyed at the time selections are made and prior to the individual becoming an active program student. Therefore, **the applicant will never see these evaluations.** Once the forms serve their purpose, they are destroyed! This policy assures that the information supplied by the evaluator will remain confidential."

Evaluator's Name _____ Title _____

Organization _____

Daytime Telephone () _____ E-Mail _____

To the Evaluator: The above person is applying for admission to Boise State University Radiologic Sciences Program to become a Diagnostic Radiographer. This is a 3 year Associate, 4 year Baccalaureate degree program that requires both academic and personal rigor.

Personal recommendations are a very important part of the application; members of the Admissions Committee review the recommendations carefully. We are committed to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for success in the Radiologic Sciences Program. Therefore, we ask you to provide a thoughtful and sincere appraisal of this applicant. If you do not know the applicant well enough to complete this form, please notify him/her and return the form. Your timely reply is appreciated.

How long have you known the applicant? _____

In what capacity have you known this applicant? _____

May we telephone/e-mail you for clarification of comments? Yes _____ No _____

Please return by **February 15:** (firm deadline, you may FAX to the above number)

Radiologic Sciences Program Admission Committee
Boise State University, HSR 126
1910 University Dr.
Boise, ID 83725-1845

OVER

Please indicate in the appropriate box your THOUGHTFUL/SINCERE evaluation of the applicant in the fifteen following areas. If you have no basis for evaluation in any category, please check "No Basis".

Characteristic	Superior	Above Expectations	Acceptable, Normal	Needs improvement	Poor	No Basis
Intellectual potential						
Leadership/initiative						
Technical reasoning (mathematical/deductive, critical thinking)						
Sense of responsibility						
Social (desire/ability to interact positively with people)						
Adaptability to stressful situations						
Ability to work productively in a team						
Organizational ability						
Ability/willingness to adapt to new situations						
Ability to work independently						
Reliability						
Oral communication skills						
Attitude/Enthusiasm						
Sensitivity (compassion/empathy)						
Problem solving ability/Common sense						

Phrase that represents the applicant's:

Greatest strength _____

Greatest challenge _____

Comments _____

Recommendation

- Strongly Recommend
- Recommend
- Recommend with Reservations
- Do Not Recommend

Signature _____ **Date** _____

Please note: It may not be possible to thank each individual for completing a recommendation form. We want you to know, however, that we are aware of the time required and both the acceptance committee and the applicant are most appreciative of your response.