Reference Form

Deadline 4:00pm, March 1st



Program Information

Boise State University Department of Radiologic Sciences

Diagnostic Radiology Computed Tomography Magnetic Resonance Imaging Diagnostic Medical Sonography (208) 426-1996; FAX (208) 426-4459

Applicant Information

Name of Applicant		_	
11	Last	First	Middle Initial

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:

"Letters of recommendation are destroyed at the time selections are made and prior to the individual becoming a student. Therefore, **the applicant will never see these letters**. Once the letters serve their purpose, they are destroyed! This policy assures that both the evaluator and the written recommendation letter will remain confidential."

Evaluators Information

Evaluators Name	Title
Organization	
Daytime Telephone	Email

To the Evaluator

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 our programs. 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.

Please return by 4:00pm, March 1st: (firm deadline, you may FAX to (208) 426-4459 or email form to taraperson292@boisestate.edu)

Department of Radiologic Sciences Admission Committee Boise State University 1910 University Dr. Boise, ID 83725-1845

Evaluation Questions

How long have your known	n the applicant?	
In what capacity have your	known this applicant?	
May we telephone or email	you for clarification of comments?	
	JGHTFUL/SINCERE evaluation of the applicant in the fifteen following areas. If yory, please check "No Basis."	ou have no basis
 Intellectual potential: Leadership/Initiative: Technical reasoning: (mathematical/deductive and critical thinking) 	□Superior □Above Expectations □Acceptable, Normal □Needs Improvement □Superior □Above Expectations □Acceptable, Normal □Needs Improvement □Superior □Above Expectations □Acceptable, Normal □Needs Improvement	□ Poor □ No Basis
4. Sense of responsibility:5. Social: (desire/ability to interact positively with people)6. Adaptability to	□ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement	
stressful situations: 7. Ability to work positively in a team: 8. Organizational ability: 9. Ability to adapt to new situations: 10. Ability to work independently: 11. Reliability: 12. Oral communication skills:	□ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement	□Poor □No Basis
13. Attitude/Enthusiasm: 14. Sensitivity: (compassion/empathy) 15. Problem solving ability or Common sense	□ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement □ Superior □ Above Expectations □ Acceptable, Normal □ Needs Improvement	□Poor □No Basis □Poor □No Basis
Phrase that represents the A	pplicants:	
1. Greatest Strength:		
2. Greatest Challenge:		
3. Comments:		
Recommendation:	□Strongly 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 we and the applicant are most appreciative of your response.