

CLINICAL AND DIAGNOSTIC SCIENCES
APPLICANT RECOMMENDATION/EVALUATION FORM

STUDENT'S NAME: _____
 (Forms that are not completely filled out, and legible, may interfere with your internship.)

I waive my right to access this form. I do **NOT** waive my right to access this form.

Applicant's Signature: _____
 Date: _____

EVALUATOR'S NAME: _____ DATE: _____
 (Name of person giving evaluation on above line)

The above candidate is being considered for a highly technical and precise profession. It is imperative to know more qualifications than a transcript can reveal. Your assessment is appreciated.

How long have you known the applicant? _____ months _____ years

In what capacity do you know the applicant? Instructor - one class Instructor - several classes
 Employer Other, please specify _____

Please rate the following characteristics:

Characteristic	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Cooperation					
Integrity					
Oral Communication					
Written Communication					
Attitude					
Initiative & Independence					
Punctuality/Attendance					
Learning Ability					
Comprehension & Correlation					
Imagination & Originality					
Organization					
Work Accuracy					
Technical Competency					
Judgement					
Responsibility					

Please comment on this individual's personality and ability to work/get along with others.

Please include any comments that might be of assistance in considering this applicant for acceptance into the Advanced Modality course.

What is your overall recommendation for this applicant?

- I highly recommend this applicant.
- I recommend this applicant.
- I recommend this applicant with reservation.
- I do not recommend this applicant.

Name: (Please print or type) _____

Position: _____

Address: _____ City & State _____ Zip _____

Signature: _____ Phone Number: _____

Thank you.

Please send completed form to:

William Van Dyke RT(R)
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Oakland University
433 Meadow Brook Road
Rochester, MI 48309-4452
(248) 364-8833