



RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_
Student Id #: \_\_\_\_\_
Applying to: \_\_\_\_\_

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P. L. 93-380 (Family Educational Rights and Privacy act of 1974).

- I waive my right of access to this letter of recommendation.
I do not waive my right of access to this letter of recommendation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

RECOMMENDATION FOR THE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

1. HOW WELL DO YOU KNOW THE APPLICANT? Very Well Fairly Well Minimally Unknown

How long have you known the applicant? \_\_\_\_\_ Identify the capacities in which you have been associated with the applicant. Instruction Lecture Employer Counselor Undergraduate academic advising Graduate academic advising Co-worker Other \_\_\_\_\_

2. MOTIVATION FOR THE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM:

- Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to observe Weak in some respects, such as \_\_\_\_\_

Additional Comments: \_\_\_\_\_

3. POTENTIAL FOR WORKING WITH PATIENTS:

- Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to observe Weak in some respects, such as \_\_\_\_\_

Additional Comments: \_\_\_\_\_

4. COMMUNICATION SKILLS:

Table with 5 columns: Poor Expression, Inappropriate Verbs, etc., Accurate and Appropriate, Above Average, Excellent Observation. Rows for Oral and Written skills.

Comments \_\_\_\_\_

5. **WORK HABITS:**  Works at full capacity     Works well; has reserve capacity     Satisfactory, but not best  
 Inclined to "get by"     Inadequate opportunity to observe  
**(Please complete reverse side)**

6. **INTERPERSONAL RELATIONS WITH OTHERS:**  
 Appropriate     Poor     Inadequate opportunity to observe     Difficulties, such as \_\_\_\_\_

7. **PERSONALITY:**  Satisfactory     Objectionable     Inadequate opportunity to observe

8. **MATURITY:**     Mature     Immature     Inadequate opportunity to observe

9. In addition to your preceding responses, please give your personal evaluation of and your reaction to the applicant. (You may wish to amplify some of your previous comments.)

10. My recommendation is:     Very Enthusiastic     Strong     Neutral     Negative

Please print your name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_