

UPMC Jameson
School of Radiography and Specialty Programs
2414 Wilmington Rd.
New Castle, Pennsylvania 16105

Applicant Reference Form

Please fill out reference form to the best of your ability. Once completed please put in a sealed envelope and sign the sealed flap. This envelope can then be returned to student to mail in with their application or you may opt to mail the reference form directly to us at the above address. Thank you

Applicant name _____ Date _____

Your name _____ Phone number _____

Your signature _____

Address _____

Number of years you have known applicant _____

Relationship _____

Please rate the applicant on the following qualities.

The letter E means excellent; G means good; F means fair; P means poor.

	E	G	F	P
Accepting Criticism				
Efficiency				
Punctuality				
Integrity				

	E	G	F	P
Self-Confidence				
Dependability				
Critical Thinking Skills				
Communication				
Professionalism				
Team work				
Attention to Small Detail				

How do you rate this applicant's ability to cope with stress? _____
 Explain your reasoning _____

Has this applicant demonstrated sound judgement in decision making? _____
 Explain your reasoning _____

Do you feel this applicant possesses self-discipline? _____
 Explain your reasoning _____

Do you feel this applicant is a team player? _____
 Explain your reasoning _____

Do you feel this applicant is able to accept constructive criticism well? _____
Explain your reasoning _____

Any additional comments _____

Pursuant to federal law, a student admitted to this School of Radiography is entitled to inspect the evaluation in his or her file, unless the student has signed a waiver of this right of access. However, the school does not require a waiver as a condition for admission to, or receipt of any other services or benefits from the school. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential rights to examine such evaluations. If the applicant's signature appears at the end of the paragraph identified as "waiver" on the reverse side of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls at this school, then the applicant will have the right to review your evaluation upon request.

WAIVER

The Family Educational Rights and Privacy Acts permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation was maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this school. If you elect to waive your rights of access to and review of this information, please sign your name.

Date _____ Signature of applicant _____