RADIOLOGIC TECHNOLOGY PROGRAM
RECOMMENDATION FORM

I. This section to be completed by the applicant:

__________________________________________
Applicant’s Name (Last, First, MI)

__________________________________________
D.O.B. Contact Number

Waiver of Accessibility:

I understand that this evaluation will be confidential, and I waive my right to read it.

Applicant’s signature: __________________________________________

I DO NOT waive my right to read this evaluation.

Applicant’s signature: __________________________________________

*Have this form completed by someone other than a family member, such as an employer or a teacher/instructor.
II. **This section is to be completed by the person providing the recommendation:** Your evaluation of the applicant’s personal qualifications is important in considering his/her interests and ability, and your evaluation will be handled confidentially. Where your acquaintance is insufficient for comment, write “cannot report.”

1. How long have you known the applicant? ____________________________________________

2. Describe your contact with the applicant.

   ____________________________________________

   ____________________________________________

   ____________________________________________

3. What do you consider to be the person’s assets or strong characteristics?

   ____________________________________________

   ____________________________________________

   ____________________________________________

4. In your opinion, does this person exhibit any personality characteristics that might negatively impact a career in healthcare?  ____ No  ____ Yes  *(If yes, please provide additional information.)*

   ____________________________________________

   ____________________________________________

   ____________________________________________
Place an “X” in the appropriate spaces below. Please comment on the factors you considered to arrive at your rating. You can use the back if more room is needed.

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<th>Factor</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>No Basis for Judgment</th>
<th>Comments</th>
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___ Strongly recommend   ___ Recommend   ___ Recommend with reservation
___ Do not recommend

Your Name:______________________________________________________________

Title:________________________________________________________________

Telephone Number:___________________________ Email: _________________________

Address:________________________________________________________________

Signature: ________________________________ Date: ________________________

Directions: Place form in sealed envelope, sign your name over the seal and return it to the applicant for inclusion with their application. If you prefer to forward directly to the College, please mail to:

Our Lady of the Lake College
Office of Admissions
5414 Brittany Drive
Baton Rouge, LA 70808