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Applicant's Printed Name

## Applicant

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Under Federal law entitled the Family Educational Rights and Privacy Act of 1974; students have the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe in many instances that letters written in confidence are of greater use in the assessment of a student's qualifications and abilities.

I waive my right to review the content of this form.

I do NOT waive my right to review the content of this form.

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Applicant's Signature

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Date

## To the Person Recommending

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The person listed above is applying to the Children's Wisconsin School of Radiologic Technology and has asked you for a recommendation. We are eager to select individuals whose accomplishments, personal attributes, and abilities make them likely to succeed in this demanding program. Please provide a thoughtful and sincere appraisal of this applicant by completing and returning this form postmarked by January 31. A delay in returning the form could result in the applicant not being considered for admission. Directions for return are on the bottom of the form. If you do not know the applicant well enough to complete, please return it to the applicant.

How well do you know the candidate? \_\_\_\_\_ Very Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Slightly

How long have you known the applicant?

In what capacity do you know the applicant?

	Does Not Meet Expectations	Below Expectations	Meets Expectations	Exceeds Expectations
Work Ethic				
Attitude/Cooperation				
Critical Thinking				
Attendance/Punctuality				
Reaction to Criticism				
Self-Confidence				
Quality of Work				
Integrity				
Interpersonal Skills				
Adaptability				
Personal Appearance				
Overall Rating				

Please provide examples of the applicant's positive attributes and areas needing improvement below.

Positive attributes:

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Areas needing improvement:

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School of Radiologic Technology  
Reference Form

Person completing recommendation:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Please do NOT return to applicant.

**Mail to:**

David Artis-Demick – Radiography Program Director  
Children's Wisconsin School of Radiologic Technology  
PO Box 1997 MS 721  
Milwaukee, WI 53226