

**UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM**  
**REFERENCE FORM**

**To the Applicant:**

Place your name in the space provided and sign the waiver if you agree to waive your right to read this appraisal. Give or mail this two-page form to the person named below and request that it be emailed or faxed to the program via the information given on the second page of this form.

Applicant Name: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby authorize the above named individual to provide the requested information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant, if admitted and enrolled, will have access to the information provided unless he/she waives such access.

I HEREBY WAIVE MY RIGHT OF ACCESS TO THE INFORMATION RECORDED ON THIS FORM.

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

**To the Evaluator:**

On the basis of the following personal qualities, please indicate your appraisal of the applicant on a scale of 1 to 5, as follows:

**5 - Excellent    4 - Above Average            3 - Average            2 - Below Average    1 - Unsatisfactory**

If you are unable to evaluate any trait, please so indicate by placing an "X" in the last column.

	<b>Trait</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>X</b>
1	<b>Judgment and Problem-Solving</b> (responsible, critical)						
2	<b>Manual Dexterity</b> (agile, coordinated)						
3	<b>Personality</b> (pleasant)						
4	<b>Poise</b> (self-confident, responds well to unfamiliar demands)						
5	<b>Communication Skills</b> (articulate, clear, grammatical, responsive)						
6	<b>Initiative</b> (motivation, commitment, desire to succeed)						
7	<b>Adherence to Established Policies &amp; Regulations</b>						
8	<b>Flexibility</b> (responds or conforms to changes or new situations)						
9	<b>Dependability</b> (responsible)						
10	<b>Industry</b> (diligent, prompt, persistent, organized)						
11	<b>Interpersonal Relation Skills</b> (courteous, cooperative, tactful, able to motivate, persuasive)						
12	<b>Maturity</b> (stability, self-disciplined, receptive to criticism)						

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How long and in what capacity have you known the applicant?

Please write any additional comments or information that might assist us in our evaluation of this applicant.

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Signature

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Title

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Institution or Address

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Date

**Please do not return this form to the applicant. Please email or fax directly to the program:**

**Email: [AdvMedImaging@uc.edu](mailto:AdvMedImaging@uc.edu)**

**Fax: 513-558-4009**