

**University of South Alabama  
Department of Radiologic Sciences  
Professional Reference Form**

Applicant Name \_\_\_\_\_

***Instructions To The Applicant:***

Complete this form and the top of the next page, then have this form completed by three references. References should be chosen from professors, instructors, immediate supervisors, allied health personnel, or counselors who are able to comment on your qualifications to study in a Radiologic Sciences program.

In accordance with the provisions of the Family Educational Rights and Privacy Act:

I DO\_\_\_\_\_/DO NOT\_\_\_\_\_ waive my right of access to a review of this letter of reference I am requesting. NOTE: If you check DO, the reference will remain confidential. If you check DO NOT, you may review this reference after a decision has been made regarding your acceptance into the program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Instructions To The Reference:***

The above named applicant has applied to the Department of Radiologic Sciences and named you as a reference. If the applicant has waived his/her rights of access above, your reference will remain confidential to the maximum extent allowed by state and federal law.

Please complete the reference form based on your knowledge and opinion of this applicant's qualifications. We are interested in selecting students who are capable of successfully completing the academic work, possess skills to achieve clinical competence, and demonstrate personal qualifications essential for providing quality care to patients and families. Your candid evaluation will serve the best interest of the applicant and the profession. Writing a letter to accompany this completed form is optional.

Please complete the form attached, **attach to this authorization**, and forward **both** pages by **May 1<sup>st</sup>** to:

University of South Alabama  
Department of Radiologic Sciences  
Attn: Admission Committee  
HAHN 3015  
5721 USA Drive North  
Mobile, Alabama 36688-0002  
(251) 445-9346  
(251) 445-9347 FAX

**Applicant Name:** \_\_\_\_\_

<input type="radio"/> <b>B.S. Program</b> <input type="radio"/> <b>Continuing Ed. In a Modality</b>
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Please rate the applicant:	Excellent	Above Average	Average	Below Average	Poor	Not able to evaluate
Intelligence						
Problem-solving abilities						
Dependability						
Accountability						
Knowledge of limitations						
Motivation and determination						
Enthusiasm						
Maturity						
Leadership						
Innovation						
Communication skills (verbal)						
Communication skills (written)						
Patient care and compassion						
Ability to work with others						
Ability to work alone						
Conflict resolution						
Control of emotions						
Ability to adapt to change						
Attitude toward coaching &						
Teamwork and cooperation						

When did you have a professional association with the applicant? From \_\_\_\_\_ To \_\_\_\_\_

In what capacity have you known the applicant?

- As one of my students
- As one of my subordinates at work
- As a peer at work
- Other (describe) \_\_\_\_\_

Areas where you judge the applicant to be outstanding

Areas where the applicant may have more difficulty

This applicant is <input type="checkbox"/> highly recommended <input type="checkbox"/> recommended <input type="checkbox"/> recommended with reservation <input type="checkbox"/> not recommended
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Your name (please print) \_\_\_\_\_

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

Office Phone: (        ) \_\_\_\_\_

Current title/position \_\_\_\_\_

Title/position held while working with applicant (if different) \_\_\_\_\_

Signature of Reference \_\_\_\_\_ Date: \_\_\_\_\_