

REFERENCE FORM

Part A

APPLICANT: You must fill in all the information requested in this section.

Name of Applicant: _____
(Please Type or Print)

PLEASE READ CAREFULLY:

I hereby authorize: _____
(Name of reference)

to provide any and all information as requested below and I release them from all liability for issuing this information.

____ I waive my right of access to this confidential evaluation.

____ I do not waive my right of access to this evaluation.

Signature of Applicant

Date

PART B

RECOMMENDER: The above named individual has applied to the Nuclear Medicine Institute at The University of Findlay and has chosen you to be a reference in regards to his/her application. Please complete the questionnaire on the next page and return the form to the address given below. Thank you for your cooperation.

Please return this form directly to:

Nuclear Medicine Institute
The University of Findlay
1000 North Main Street
Findlay, OH 45840-3695

1. How long have you known this applicant? _____

2. In what capacity have you known this individual? _____

3. Please rate the application in the following areas.

	Exceptional	Satisfactory	Unsatisfactory	Cannot Evaluate
Interest in people				
Academic Background				
Quality of work				
Initiative				
Confidence				
Efficiency				
Dependability				
Attitude				
Judgment				
Cooperation				

4. Comments: _____

5. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

| _____ | _____ |
Strongly recommend Recommend Not Recommend

Evaluator's signature

Date

Title

Department

Institution

Address

City

State

Zip Code