

NUCLEAR MEDICINE INSTITUTE REFERENCE FORM

The recommender should please return this form via email (preferred), fax, or postal mail to:

Nuclear Medicine Institute Attn: Amy Heflinger University of Findlay 1000 North Main Street

Email: NMI@findlay.edu
Telephone: (419) 434-4708

Fax: (419) 434-4168

Findlay, OH 45840

PART B – RECOMM	ENDER: The previou	usly-named in	dividual has app	olied to the N	luclear Medicine
Institute at the Universit	ty of Findlay and has	chosen you to	be a reference t	o support his	/her application. Please
complete the questionna	aire below and return t	he form direc	tly to NMI using	g the contact	information on the front
of this form. Thank you	for your assistance!				
1. How long have you k	nown this applicant?				
2. In what capacity have					
		Tauar (no ren			
he applicant in the following areas:			Cann		
Internation near 1	Exceptional	Satisfactory	Unsatisfactory	<u>Evalu</u>	ate
Interest in people					
Academic Background					
Quality of work					
Initiative					
Integrity					
Efficiency					
Dependability					
Attitude					
Judgment					
Confidence					
5. Please indicate the st	trength of your overall	endorsement	by circling a nu	ımber along	the scale:
1 2 3	4 5	6	7 8	9	10
Do Not Recommend	Recomme			Strongly Recor	nama and
Do Not Recommend	Recomme	ma		strongly Recor	imend
Evaluator's signature		Date			
Title		Busines	s / Institution		
Address		City	City State		Zip
May we contact you for additional information?		n? Ye	s No		
Phone Number		Email			