

## NUCLEAR MEDICINE INSTITUTE REFERENCE FORM

**PART A – NMI APPLICANT:** You must fill in all of the information requested in this section.

Printed Name of NMI Applicant:						
PLEASE READ CAREFULLY:						
I hansha anth anima						
I hereby authorize:(Name of Reference)						
to provide any and all information as requested herein and I release them from all liability for issuing this information.						
I also authorize the Nuclear Medicine Institute at the University of Findlay to contact me and/or the recommender regarding this reference.						
Signature of Applicant Date						

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

Nuclear Medicine Institute Attn: Sarah Gracy University of Findlay 1000 North Main Street Findlay, OH 45840 Email: nmi@findlay.edu
Telephone: (419) 434-4708

Fax: (419) 434-4168

using the contact infor	mation on the fr	ont of this form. T	hank you	for your a	ssista	nce!
1. How long have you	ı known this app	licant?				
2. In what capacity ha	ive you known th	nis individual (no r	elatives)	?		
3. Please rate the appl	icant in the follo	wing areas:				
	Exceptional	Satisfactory	Unsa	tisfactory		Cannot Evaluate
Interest in people				<u> </u>		
Academic Background						
Quality of work						
Initiative						
Integrity						
Efficiency						
Dependability						
Attitude						
Judgment						
Confidence						
5. Please indicate the  1 2  Do Not  Recommend	strength of your 3 4	overall endorseme  5 6 Recommend	ent by circ	cling a nun	nber a	long the scale:  10 Strongly Recommend
Evaluator's signature	Date					
Please print the following	information:					
Title	Business / Institution					
Address		City		State		Zip
May we contact you for	or additional info	ormation?	Yes	No		
Phone Number				Email		

**PART B – RECOMMENDER:** The previously-named individual has applied to the Nuclear Medicine Institute at the University of Findlay and has chosen you to be a reference to support his/her application. Please complete the questionnaire below and return the form directly to NMI