



## Letter of Recommendation Clinical Perfusion Education Program

Please send in a sealed envelope to:

Office of Student Affairs  
UNMC School of Allied Health Professions  
984000 Nebraska Medical Center  
Omaha, NE 68198-4000

### Waiver

Student Name \_\_\_\_\_

I, the above named student, \_\_\_ waive / \_\_\_ do not waive any right of access I might have, as provided by law, to letters of recommendation completed and submitted at my request.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Recommender Name \_\_\_\_\_ Date \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Title \_\_\_\_\_

How long have you known the applicant?

In what capacity do you know the applicant?

**For the following questions, please use the following ranking scale:**

- Superior-4**
- Above Average- 3**
- Average- 2**
- Below Average- 1**
- Uncertain- 0**

Please rate this applicant on their honesty and integrity:

Please rate this student on their problem solving abilities:

Please rate this applicant on their leadership abilities:

Please rate this applicant on their ability to relate to others:

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Please rate this applicant on their oral communication skills:

Please rate this applicant on their written communication skills:

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Please comment on the strengths of this applicant :

Please comment on opportunities for improvement for this applicant:

**For the final question, please use the following scale:**

**Recommend without reservation- 4**

**Recommend- 3**

**Recommend with reservation- 2**

**Do not recommend- 1**

What is your final overall recommendation?

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