



Letter of Recommendation

Radiation Science Technology Education Programs

CT/MRI, Radiation Therapy, Nuclear Medicine, Diagnostic Medical Sonography, Radiography

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 _____

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:

Please rate this applicant on their oral communication skills:

Please rate this applicant on their written communication skills:

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?
