

Reference Form

Deadline 4:00pm, March 1st



BOISE STATE UNIVERSITY

Program Information

Boise State University
Department of Radiologic Sciences
(208) 426-1996

- Diagnostic Radiology Computed Tomography Magnetic Resonance Imaging
 Diagnostic Medical Sonography Interventional Radiology Interventional Cardiology

Applicant Information

Name of Applicant _____
Last First Middle Initial

To the Applicant

Students of Boise State University have the right to inspect their files upon request. So that the person you have requested to write a letter of recommendation will know if their letter will be held in confidence or if the letter will be open to inspection, the following policy is stated:

“Letters of recommendation are destroyed at the time selections are made and prior to the individual becoming a student. Therefore, **the applicant will never see these letters.** Once the letters serve their purpose, they are destroyed! This policy assures that both the evaluator and the written recommendation letter will remain confidential.”

Evaluators Information

Evaluators Name _____ Title _____
Organization _____
Daytime Telephone _____ Email _____

To the Evaluator

Personal recommendations are a very important part of the application; members of the Admissions Committee review the recommendations carefully. We are committed to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for success in our programs. Therefore, we ask you to provide a thoughtful and sincere appraisal of this applicant. If you do not know the applicant well enough to complete this form, please notify him/her and return the form. Your timely reply is appreciated.

Please return by 4:00pm, March 1st: (firm deadline), you may email form to taraperson292@boisestate.edu or mail to the address below.

Diagnostic Radiology Program Admission Committee
Boise State University
1910 University Dr.
Boise, ID 83725-1845

Evaluation Questions

How long have you known the applicant? _____

In what capacity have you known this applicant? _____

May we telephone or email you for clarification of comments? Yes No

Please indicate your THOUGHTFUL/SINCERE evaluation of the applicant in the fifteen following areas. If you have no basis for evaluation in any category, please check "No Basis."

- 1. **Intellectual potential:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 2. **Leadership/Initiative:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 3. **Technical reasoning:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
(mathematical/deductive and critical thinking)
- 4. **Sense of responsibility:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 5. **Social:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
(desire/ability to interact positively with people)
- 6. **Adaptability to stressful situations:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 7. **Ability to work positively in a team:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 8. **Organizational ability:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 9. **Ability to adapt to new situations:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 10. **Ability to work independently:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 11. **Reliability:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 12. **Oral communication skills:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 13. **Attitude/Enthusiasm:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
- 14. **Sensitivity:** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis
(compassion/empathy)
- 15. **Problem solving ability or Common sense** Superior Above Expectations Acceptable, Normal Needs Improvement Poor No Basis

Phrase that represents the Applicants:

1. Greatest Strength: _____

2. Greatest Challenge: _____

3. Comments:

Recommendation: Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Signature: _____ Date: _____

Please note: It may not be possible to thank each individual for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.