

# UNIVERSITY OF WISCONSIN-LA CROSSE

College of Science and Allied Health

Radiation Therapy Program

Reference for \_\_\_\_\_ date: \_\_\_\_\_  
(Applicant to Radiation Therapy)

Please assist the admissions Committee in assessing this individual's characteristics and aptitude for radiation therapy by rating the following according to the indicated score. Please be assured that this form will be used only for the admission process and will not be released for any other purpose.

I waive my right to inspect this document: (circle) Yes No

\_\_\_\_\_  
Signature of Applicant

Please circle the most appropriate number corresponding to the following scale:

	unknown	excellent	above average	average	below average	poor	
Integrity	NA	5	4	3	2	1	
Maturity	NA	5	4	3	2	1	
Dependability	NA	5	4	3	2	1	
Adaptability	NA	5	4	3	2	1	
Initiative	NA	5	4	3	2	1	
Emotional stability	NA	5	4	3	2	1	
Oral communications	NA	5	4	3	2	1	
Written communications	NA	5	4	3	2	1	
Critical thinking skills	NA	5	4	3	2	1	
Empathy toward others	NA	5	4	3	2	1	
Attention to detail	NA	5	4	3	2	1	
Interest in accuracy & Precision	NA	5	4	3	2	1	
Organizational ability	NA	5	4	3	2	1	
Ability to accept Direction	NA	5	4	3	2	1	

Please feel free to share any comments:

Reference's name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you know the applicant? \_\_\_\_\_

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Thank you for your help! Please return this form directly to:

Health Professions Department

Radiation Therapy Program

University of Wisconsin-La Crosse

4034 Health Science Center

1725 State St.

La Crosse, WI 54601