UNIVERSITY OF WISCONSIN – LA CROSSE
Department of Health Professions
Medical Dosimetry Program

LETTER OF RECOMMENDATION FORM

Name of Applicant: _____

Name of Reference: _____

To the applicant:

Please have this form filled out by a professional reference of your choice, following the guidelines on the application.

I **DO** ☐ **DO NOT** ☐ waive my right of access to and review of this letter of recommendation I am requesting.

Applicant signature _____ Date _____

To the Reference:

The individual named above has applied for admission to the Medical Dosimetry Program at the University of Wisconsin – La Crosse.

We are interested in obtaining information that will assist the admissions committee in assessing this individual's characteristics and aptitude for medical dosimetry. It is important that the students selected be able to complete the academic work successfully as well as possess personal qualifications essential for competent professional performance in medical dosimetry.

If the applicant has waived his/her right of access, your recommendation will remain confidential. If the applicant has not waived right of access, the applicant will be permitted to review this reference after a decision has been made regarding the applicant's acceptance into the program.

Acquaintance with applicant - How long and in what connection have you known this applicant?

Please rate the applicant in the following categories, using a scale of 1 to 5 with five being superior and one being poor. Please check N/A if you are not able to evaluate.

Characteristics	Superior 5	4	3	2	Poor 1	N/A
Academic Potential	◯	◯	◯	◯	◯	
Leadership Skills	◯	◯	◯	◯	◯	
Mathematics & Computer Skills	◯	◯	◯	◯	◯	
Reliability	◯	◯	◯	◯	◯	
Oral Communication Skills	◯	◯	◯	◯	◯	
Written Communication Skills	◯	◯	◯	◯	◯	
Organizational Skills	◯	◯	◯	◯	◯	
Ability to work independently	◯	◯	◯	◯	◯	
Adaptability	◯	◯	◯	◯	◯	
Problem Solving Skills	◯	◯	◯	◯	◯	
Ability to work with people	◯	◯	◯	◯	◯	
Responsibility	◯	◯	◯	◯	◯	

Recommendation

◯ Strongly Recommended
◯ Recommend with Reservations (please explain in comment section)
◯ Recommend
◯ Do Not Recommend (please explain in comment section)

Comments

Please add any descriptive comments that will aid in providing a complete overview of the applicant's abilities and potential as a student and medical dosimetrist. Use an additional sheet if necessary.

Name _____ Title _____

Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Work phone number ( ) _____

Signature _____ Date _____

Reference: please return this form directly to the applicant in a sealed envelope with your signature over the seal. Thank you for your help!