



FRANCISCAN  
MISSIONARIES OF OUR LADY  
UNIVERSITY

**RADIOLOGIC TECHNOLOGY PROGRAM  
RECOMMENDATION FORM**

**I. This section to be completed by the applicant:**

Applicant's Name (Last, First, MI)

\_\_\_\_\_

D.O.B. \_\_\_\_\_ Contact Number \_\_\_\_\_

***Waiver of Accessibility:***

I understand that this evaluation will be confidential, and I waive my right to read it.

Applicant's signature: \_

I **DO NOT** waive my right to read this evaluation.

Applicant's signature: \_

**\*Have this form completed by someone other than a family member, such as an employer or a teacher/instructor.**

**II. This section is to be completed by the person providing the recommendation:** Your evaluation of the applicant's personal qualifications is important in considering his/her interests and ability, and your evaluation will be handled confidentially. Where your acquaintance is insufficient for comment, write "cannot report."

a. How long have you known the applicant?

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b. Describe your contact with the applicant.

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c. What do you consider to be the person's assets or strong characteristics?

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d. In your opinion, does this person exhibit any personality characteristics that might negatively impact a career in healthcare?

\_\_\_\_ No      \_\_\_\_ Yes (*If yes, please provide additional information.*)

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Place an "X" in the appropriate spaces below. Please comment on the factors you considered to arrive at your rating. You can use the back if more room is needed.	Excellent	Satisfactory	Unsatisfactory	No Basis for Judgment	Comments
Adaptability					
Emotional Stability					
Leadership Ability					
Dependability					
Oral Expression					
Sensitivity					
Judgment					
Initiative					
Integrity					

\_\_\_ Strongly recommend

\_\_\_ Recommend

\_\_\_ Recommend with reservation

\_\_\_ Do not recommend



Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:** Place completed form in a sealed envelope, sign your name over the seal and return it to the applicant for inclusion with their application. If you prefer to forward directly to the University, please mail to:

Franciscan Missionaries of Our Lady University  
Office of Admissions  
5414 Brittany Drive  
Baton Rouge, LA 70808