

**REFERENCE FOR MEDICAL DOSIMETRY**

STUDENT APPLICANT: \_\_\_\_\_

The above applicant has applied for admission to the above program and has listed your name for a reference. We would appreciate your opinion of this applicant’s suitability for this type of training. Please feel free to include any additional comments on a separate sheet of paper.

In what relationship and how long have you known the applicant?

Please provide your job title and qualifications which make your reference valuable to the assessment of their skill set?

What do you consider the applicant’s strongest characteristics?

What do you consider the applicant’s weakest characteristics?

Please rate the applicant in the following categories, using a scale of 1 to 5 with five being superior and one being poor. If you have no basis for evaluation in any category, please check “No Basis”. We invite you to include a written letter of recommendation with this form.

Characteristics	Superior 5	4	3	2	1	No Basis*
Leadership						
Computer Skills						
Mathematics						
Sense of Responsibility						
Ability to Work with People						
Organizational Ability						
Ability to Adapt to New Situations						
Ability to Work Independently						
Reliability						
Oral Communication Skills						
Written Communication Skills						
Problem Solving Ability						

**Recommendation**

( ) Strongly Recommend ( ) Recommend ( ) Recommend with Reservations ( ) Do Not Recommend

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

Telephone Number: ( ) \_\_\_\_\_

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

**Please E-mail Form to:**  
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