

2. Describe major strengths of the applicant:

3. Describe major weaknesses of the applicant:

4. Please state how long and in what capacity you have known the applicant.

5. Check your recommendation of this applicant:

Recommend with Confidence Recommend with Reservation Prefer not to Recommend

6. Would you prefer to discuss this reference and request a faculty member to telephone you about this applicant?

Yes No, it is not necessary

NAME: _____

OCCUPATION/TITLE: _____

EMPLOYER: _____

ADDRESS: _____

TELEPHONE: (_____) _____ Day (_____) _____ Night

EMAIL: _____

SIGNATURE

DATE

Please mail or email this completed form directly to:

**Program Director, Radiologic Technology Program
Presbyterian Medical Center
PO Box 33549
Charlotte, NC 28233-3549**