

Applicant Reference Form

Applicant Section

Applicant: _____

Select Program to which you are applying:

☐ Radiation Therapy ☐ Nuclear Medicine ☐ Ultrasound ☐ MRI ☐ Echo

The Family Educational Rights and Privacy Act, commonly known as the Buckley Amendment, grants you the right to inspect and review certain academic records maintained by WVUH, including reference materials submitted in support of admission to our programs. The Act provides that you may waive your right to review such references if you choose to do so. WVUH does not require that you waive this right, nor will WVUH decision on admissions be adversely effected should you decide not to waive this right of review. Please indicate your decision by selecting one of the following and signing:

- ☐ I waive my rights to inspect and review the contents of this reference.
- ☐ I do not waive my rights to review and inspect the contents of this reference.

Applicants signature: _____

Date: _____

Reference Section

Reference Name: _____ Phone#: _____ Occupation: _____

How long have you known the applicant? _____ What is your relationship to the applicant? _____

We would appreciate your opinion regarding this individual on any of the areas listed below:

Please Check one:	Excellent	Above Average	Average	Below Average	Poor	N/A
SCHOLARSHIP: Master of essentials in academic and professional subjects.						
PERSONAL APPEARANCE: Dress, cleanliness, and overall appearance.						
COOPERATIVENESS: Ability to work under direction.						
RESPONSIBILITY: Ability to accept assignments and follow through.						
EMOTIONAL STABILITY: Ability to react under stress in a mature and dependable manner.						
COMMUNICATION: Ability to express oneself.						
INTEGRITY: Adherence to honesty when dealing with others.						
PROFESSIONAL SKILLS: Ability to learn and perform tasks related to occupation.						
DEPENDABILITY: Ability to meet deadlines, attendance requirements, etc.						
PROFESSIONAL PROMISE: Potential for success as a Health Care Professional						

Please feel free to utilize the back of this form to provide additional comments

Certification:

I certify that this evaluation was completed by me personally and it is my understanding that the information provided will be used exclusively by the Admissions Committee of West Virginia University Hospitals Imaging Science Education Programs.

Signature: _____

Date: _____

Return this form to:

West Virginia University Hospitals
Imaging Science Education Programs
Box 8062
Morgantown, WV 26506