



NUCLEAR MEDICINE TECHNOLOGY PROGRAM
University of Missouri

RECOMMENDATION

This box to be completed by applicant

Applicant's Name: _____

Mailing Address: _____

Telephone: (____) _____ I choose that this recommendation be treated as ___confidential ___non confidential.

Applicant's Signature: _____ Date: _____

How long have you known the applicant? From _____ to _____

Relationship to applicant: ___Employer ___Teacher ___Counselor ___Supervisor ___Other _____

Instructions: For each trait evaluate the applicant on actual performance. Pick the phrase which best fits the person for each trait and check the appropriate box.

| Traits | Outstanding | Superior | Good | Fair | Poor | Not Observed |
|-----------------------------------|-------------|----------|------|------|------|--------------|
| School performance or work record | | | | | | |
| Initiative | | | | | | |
| Maturity | | | | | | |
| Ability to work under supervision | | | | | | |
| Rapport with peers | | | | | | |

What, in your opinion, are the applicant's major strengths?

What, in your opinion, are the applicant's major weaknesses?

Recommendation: ___Qualified & Competent ___Reservations ___Not Recommended

Evaluator's Name: _____
(type or print) (signed signature)

Position/Company: _____ Telephone: (____) _____

Address: _____

Please return directly to: Dr. Glen Heggie, RTNM, EdD, FCAMRT, Program Director
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