CLINICAL AND DIAGNOSTIC SCIENCES APPLICANT RECOMMENDATION/EVALUATION FORM

STUDENT'S NAME:(F	Forms that are not <u>c</u>	completely filled out	, and legible, may in	terfere with your into	ernship.)
☐ I waive my right to access		☐ I do <u>NOT</u> waive my right to access this form.			
Applicant's Signature: Date:					
EVALUATOR'S NAME:		D,	ATE:		
The above candidate is being					mperative to
know more qualifications than	a transcript car	n reveal. Your a	assessment is ap	preciated.	
How long have you known the	e applicant?		months	3	years
In what capacity do you know Advisor Employer Please rate the following char	r D Other, p		one class C		
		Above		Below	Unable to
Characteristic	Excellent	Average	Average	Average	Evaluate
Cooperation					
Integrity					
Oral Communication					
Written Communication					
Attitude					
Initiative & Independence					
Punctuality/Attendance					
Learning Ability					
Comprehension & Correlation					
Imagination & Originality					
Organization					
Work Accuracy					
Technical Competency					
Judgement					

Responsibility

Please comment on this individual's p	ersonality and ability to work/get along with others.	
Please include any comments that mig Practicum position.	ght be of assistance in considering this applicant for a <i>CDS</i>	
What is your overall recommendation I highly recommend the I recommend this apple I recommend this apple I do not recommend the	is applicant. cant. cant with reservation.	
Name: (Please print or type)_		
Position:		
Address:	City & State Zip	
Signature:	Phone Number:	
Thank you.		
Please send completed form to:	William Van Dyke RT(R) School of Health Sciences – RAD 3162 Human Health Building Oakland University 433 Meadow Brook Road Rochester, MI 48309-4452 (248) 364-8833	