

UNIVERSITY OF HOLY CROSS

4123 WOODLAND DRIVE
NEW ORLEANS, LA 70131

APPLICANT RECOMMENDATION FORM ACCESS TO VIEW

Applicant name: _____

To the Applicant: Please indicate your choice by dating and signing the appropriate statement. Note that you need not waive your right to access to this recommendation. Your decision is not a condition for admission, for an award of financial aid, or for any other benefits and services that you might receive from University of Holy Cross.

I hereby waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Name _____ Signature _____

To the Reference: The applicant above has given your name as a reference. The applicant is applying to the Radiologic Technology Program at the University of Holy Cross. Please complete this form and return within two weeks or by no later than 3:00 p.m. April 3, 2026. Please email the completed and digitally signed form to radtechprogram@uhcno.edu. In the email subject line type "Recommendation for (applicant's name.)"

If the applicant waives the right of access to this recommendation, your evaluation will be held in confidence from the applicant and from all other parties except Department faculty and staff members responsible for admissions/progression. After enrollment in the Department, a student who has not waived the right of access by signing the appropriate statement on this form could be permitted to see the recommendation upon request.

To be completed by the Reference:

We appreciate your cooperation in completing this form and emailing it to radtechprogram@uhcno.edu, including in the subject line "Reference form for student's last name, first name."

Below is a list of characteristics that we feel are required of a student to successfully complete the professional training in the Radiologic Technology Program.

Rate the applicant using this scale:

4 – Outstanding

2 – Needs improvement

3 – Satisfactory

1 – Unsatisfactory

NO – not observed or no basis for judgment

CHARACTERISTIC		RATING
RESPONSIBILITY	Dependable and accountable for one's actions.	
LEADERSHIP	Demonstrates the ability to direct the activity of others.	
INITIATIVE	Motivated to pursue actions independently; self-starter.	
FLEXIBILITY	Capable of responding or conforming to changes or new situations.	
ORGANIZATIONAL SKILLS	Systematically plans for optimal efficiency.	
SELF-CONFIDENCE	Assured in one's abilities and skills.	
INDEPENDENT WORKER	Completes tasks with minimal supervision.	
COMMUNICATION Verbal	Contributes knowledge & opinions in an articulate, understanding and nonthreatening manner.	
COMMUNICATION Written	Expresses self clearly in writing.	
RESPONSE TO STRESS	Maintains composure and ability to function.	
POSITIVE ATTITUDE	Maintains optimistic approach to people and the task at hand.	
MANUAL DEXTERITY	Ability to perform psychomotor skills.	
INTERPERSONAL SKILLS	Ability to work and get along with others.	
JUDGMENT	Demonstrates a constructive approach to problem solving and decision-making.	
MATURITY	Demonstrates common sense, tact & appropriate behavior.	
KNOWLEDGE BASE	Good foundation of academic theory.	
DEPENDABILITY	Follows through on assignments; meets deadlines.	
PUNCTUALITY	Prompt, arrives at the proper time.	
ATTENDANCE	Has a record of good attendance.	

WHERE DO YOU RANK THIS INDIVIDUAL AMONG THEIR PEERS?

Highest 5%

Highest 10%

Upper 25%

Middle 25%

Lower 35%

Please evaluate the quality of work performed by this individual and indicate their areas of strength and areas needing further development.

How long have you known the applicant? _____

Relationship to the applicant?

Advisor

Teacher

Supervisor

Business Associate

_____ Other

Do you:	Highly Recommend	Recommend with reservations
	Recommend	Not Recommended

Your Name: _____

Present Title: _____

Institution: _____

Address: _____

Telephone Number: _____

Signature: _____ Date: _____