

**Applicant Name:**

The above applicant has applied for admission to University of Maryland Medical Dosimetry training program and has listed your name as a reference. We would appreciate your opinion of this applicant’s suitability for this type of training.

**Please provide your answers to the following questions:**

|  |
| --- |
| **Question #1:** How long have you known the applicant? What relationship did you have with the applicant?  |
| **Answer #1:**       |
| **Question #2:** What do you consider the applicant’s strongest characteristic(s)?  |
| **Answer #2:**       |
| **Question #3:** What do you consider the applicant’s weakest characteristic(s)?  |
| **Answer #3:**       |
| **Question #4:** List any other information on the qualities of this applicant that would contribute to success in this field.  |
| **Answer #4:**       |

**Please rate the applicant in the following categories (rank 5 superior to 1 poor):**

|  |  |
| --- | --- |
| **Skills**  | **Evaluation** |
| Mathematics and Quantitative Skills |  |
| Computer and Information Technology Skills |  |
| Problem Solving and Analytical Skills |  |
| Organizational Skills |  |
| Reliability and Ownership  |  |
| Independent Learning and Self-motivational Skills |  |
| Ability to Adapt to New Environment / Situations |  |
| Ability to Work Well with Others |  |
| Oral Communication Skills |  |
| Written Communication Skills |  |

This reference document should be filled, printed and signed. No electronic submissions will be accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       | **Phone No:** |       |
| **Signature:** |  | **Date:** |       |