



**Recommendation Form  
Academic/Employer Reference**

**Part 1:** This part to be completed by the applicant.

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

I hereby authorize the release of an evaluation to assist in the admission process by The Johns Hopkins Hospital Schools of Medical Imaging. I understand that such materials will be kept confidential, both from the public and me. I waive any right of access that I might have by law. I further understand that The Schools of Medical Imaging does not require that I sign this statement. I understand that the application will be reviewed without the waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2:** This part to be completed by the reviewer.

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's packet. The application may be declined if this is not received by the application deadline. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please either email the form or mail it in a sealed envelope with your signature across the seal to:

The Johns Hopkins Hospital  
CTProgram@jhmi.edu  
1800 Orleans Street Blalock B179  
Baltimore, MD 21287

Name or Referrer: \_\_\_\_\_

Title of Referrer: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please rate the applicant using the following scale.

Criteria	Outstanding Top 5%	Above Average Top 25%	Average Top 50%	Below Average	No Opportunity to Observe
Ability to avoid and resolve conflict					
Ability to complete a task					
Academic ability					
Accepts constructive criticism and attempts to improve					
Attendance					
Attention to detail					
Coping skills in a stressful environment					
Judgment and maturity					
Leadership capability					
Morale booster vs. morale depressor					
Motivation					
Oral communication					
Problem solving ability					
Quality of written expression					

Please provide any additional remarks that you feel the admissions committee may find helpful. You may attach a separate paper if needed.

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What is your recommendation for the admissions committee of the Schools of Medical Imaging?

- Strongest recommendation
- Recommend with confidence
- Recommended
- Recommend with reservation
- Not recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your time and thoughtfulness in assisting in this applicant's admission process.*



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Last

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