



UNM SCHOOL of MEDICINE

## Radiologic Sciences Program Professional Reference Form

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### **APPLICANT INSTRUCTIONS:**

Fill in the information below before giving this to the evaluator of your choice. Suggested evaluators include your current or former work supervisor, instructor, colleague, training director, etc. Also provide a stamped envelope addressed to:

**Radiologic Sciences Program  
MSC09 5260  
1 University of New Mexico  
Albuquerque, NM 87131-0001**

You are required to check one of the choices below BEFORE giving this form to your evaluator:

- ☐ This evaluation is confidential and I waive my right to inspect and review the evaluation submitted by my evaluator.
- ☐ This evaluation is not confidential and I have the right to inspect and review the evaluation submitted by my evaluator.

<b>Applicant please print or type:</b>			
Applicant's Name:			
Address:	City:	State:	Zip Code:
Phone:			
Evaluator's Name:			

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### **TO THE EVALUATOR:**

The person named above is applying for admission to the University of New Mexico Radiologic Sciences Programs and has requested that your evaluation be included as part of the information on which the selection committee will base their admission decision. The committee finds candid evaluations very helpful in choosing from among highly qualified applicants and would appreciate your response to the evaluation form on the reverse side.

Please return the following no later than the first Friday in April:

1. Reference Form
2. Reference Letter

## EVALUATION OF APPLICANT

Evaluator's Name

Position/Title/Profession:

Email Address:	Phone:
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How long and in what capacity (supervisor, colleague, instructor, etc.) have you known the applicant:

For each characteristic, please check under the number that best represents your appraisal of the applicant. Feel free to comment further in the reference letter.

[illegible]