



**Sanford Medical Center Fargo School of Radiography**

Professional Reference for Admission to the Professional Internship

*Page one to be filled out by the applicant. Page two & three to be filled out by the reference person.*

Reference Name/Title:	_____
Organization:	_____
Address:	_____
City/State/Zip:	_____

**Dear Reference:**

I am applying to the Sanford Medical Center Fargo School of Radiography to fulfill the professional internship portion of my B.S. degree at NDSU. This training will be provided through Sanford Medical Center Fargo in Fargo, ND. Your evaluation is considered confidential and will be used by the Sanford Medical Center Fargo School of Radiography admissions committee only during the application process to help them better understand my potential to complete the program and exercise the skills necessary to be a radiographer.

\_\_\_\_\_ (Applicants signature)

\_\_\_\_\_ (Print or type applicants full name)

\_\_\_\_\_ (Date)

<p>The Family Educational Rights and Privacy Act permits the Sanford Health School of Radiography to request, but not require that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student in this program and the evaluation maintained in your permanent student file. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the Sanford Health School of Radiography. If you elect to waive your rights of access to and review of this information, please sign your name.</p>
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\_\_\_\_\_ (Applicants signature)

\_\_\_\_\_ (Print or type applicants full name)

\_\_\_\_\_ (Date)

**Instructions for the reference person:**

*Please complete the following form and place all three pages in a sealed envelope and mail the form to  
**Department of Allied Sciences**  
**NDSU Dept 2680, P.O. Box 6050**  
**Fargo, ND 58108-6050***

1. In what capacity have you been associated with the applicant?  
 Employer                                       Instructor                                       Academic Advisor  
 Other (specify) \_\_\_\_\_

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

3. **PERSONAL AND PROFESSIONAL TRAITS** (please check the most appropriate category)

	Excellent	Above Average	Average	Below Average	No basis for opinion
Acceptance of criticism					
Adaptability					
Appearance/hygiene					
Confidence					
Decision making					
Dependability					
Efficiency					
Honesty					
Initiative					
Leadership					
Oral communication skills					
Organization					
Professionalism					
Reaction to stress					
Responsibility					
Scholastic ability					
Self-discipline					
Teamwork					
Time management					
Written communication skills					

4. **Please indicate your overall impression of this applicant:**

I endorse this applicant with enthusiasm.                                       I endorse this applicant.  
 I endorse this applicant with reservations.                                       I DO NOT endorse this applicant.

**5. NARRATIVE**

Briefly describe anything that you feel the Admissions Committee should know about the character, ability or the background of this applicant, or specific reasons why you have judged him/her as you have. (Include an extra page if you wish)

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May we contact you?    Yes \_\_\_\_\_    No \_\_\_\_\_

\_\_\_\_\_ (Print reference's full name)

\_\_\_\_\_ (Reference's signature)    \_\_\_\_\_ (Date)

\_\_\_\_\_ (Email)    \_\_\_\_\_ (Phone)