

**California Baptist University  
Radiologic Sciences Program  
Recommendation Letter**

**To the Applicant:**

Please complete the identifying information before delivering the recommendation for admission form to the individuals that have agreed to complete a recommendation for you.

Applicant's name \_\_\_\_\_

**Right of Access:**

Please indicate your preference (complete one box or the other):

I, _____, waive my right to see this recommendation.	
Signature _____	Date _____

OR

I, _____, do not waive my right to see this recommendation.	
Signature _____	Date _____

**To the Recommender:**

The above named applicant is applying to the Radiologic Sciences program at California Baptist University. The above information must be completed by the applicant before the form is given to you. The Radiologic Sciences faculty would appreciate it if you could complete the next page and return both pages to the applicant.

Recommender's Name \_\_\_\_\_

Recommender's Title \_\_\_\_\_

Place of employment \_\_\_\_\_

Instructions: Please check the appropriate rating below that best describes the candidate as compared to other students at this level.

<b>Skill</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below average</b>	<b>No basis for judgment</b>
Commitment to learning					
Interpersonal skills					
Communication skills					
Responsibility					
Problem solving					
Use of constructive feedback					
Effective use of time and resources					
Stress management					
Professionalism					

List the applicant's strengths:
List the applicant's weaknesses:
Additional comments (not required):

Please select one of the following options in regards to admissions into the CBU Radiologic Sciences program:

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend this applicant

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_