

Letter of Recommendation

St. John's Hospital/Lincoln Land Community College School of Electroneurodiagnostics (END)

To The Applicant: Please complete the following section before giving the form to the writer of letter of recommendation. You should place a check next to the appropriate statement to indicate whether you wish to waive or retain your right to view this letter of recommendation in your file.

Applicant's Name:
Applicant's Address:

I waive the right provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file.

I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file.

Applicant's Signature: _____ Date: _____

To The Writer of Letter of Recommendation: The above applicant has selected you as a reference on his/her application to the program. Please complete the following section and the sections on the reverse side. You may use an additional sheet if you wish.

Please type or print. Thank you.

How well do you know the applicant? Very Well Fairly Well Slightly

How long have you known the applicant? _____

In what capacity have you been associated with the applicant? _____

Please place a check in the column that best applies to the individual:

	Below Average	Satisfactory	Above Average	No Opportunity to Observe
Interpersonal Skills				
Maturity				
Dependability				
Adaptability				
Integrity				
Stability				
Organizational Ability				
Initiative				
Problem solving				
Tolerance				
Self-discipline				
Poise				
Leadership Ability				
Communications Skills Oral				
Communications Skills Written				
Laboratory Skills				

Please give your personal reactions to this applicant noting:

Strengths:

Weaknesses:

Please check only one of the following statements.

- I give this recommendation: Strongly/without reservation
 with confidence with reservation I do not recommend

Recommender's Signature:	Position:	Date:
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Institution:	Address:	Phone Number:
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