

Community College of Philadelphia
Diagnostic Medical Imaging Program
Applicant Recommendation Form

The Diagnostic Medical Imaging Program at the Community College of Philadelphia requires two (2) recommendations for applicants applying for admission. **Recommendations should be requested from individuals who are familiar with the applicant's professional and/or academic background, including employers, co-workers, community service supervisors, school counselors and/or instructors. Personal references (e.g., friends, family members) are not acceptable.** Recommenders should be able to comment on the applicant's qualifications for an educational program in Radiography.

To the Applicant: Please complete all fields on page 1. Incomplete forms will not be accepted. Submit both pages of this form with your application. Though not required, you may attach any additional information provided by the recommender (e.g., letter of recommendation).

Applicant Name: _____ **CCP J#** _____

Applicant Signature: _____ **Date:** _____

Recommender Type (please check one): Professional Academic

Recommender Name: _____

Title/Position: _____

Company Name: _____

Company Address: _____

Email Address: _____

Phone Number: _____

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To the Academic/Professional Reference: The DMI Program would appreciate a frank judgement from you concerning the applicant’s qualifications for an educational program in Radiography. Please apply the rating scale listed below. Though not required, you may attach any additional information that you wish to provide about the applicant (e.g., letter of recommendation).

Please apply the rating scale listed below to evaluate the applicant’s ability to function in a Radiography program.

- 1 Low**, would not function in a Radiography program.
- 2 Below Average**, doubtful Radiography student ability.
- 3 Average**, may be able to function as a Radiography student, but may need special help.
- 4 Above Average**, could function as a Radiography student if they applied themselves.
- 5 Excellent**, no question as to ability.
- N/A Not Applicable** if you do not have information to make a judgement.

	Low		Average		Excellent	
<i>Circle ONE rating for each of the following:</i>						
1. Interpersonal skills	1	2	3	4	5	N/A
2. Oral and written communication skills	1	2	3	4	5	N/A
3. Ability to benefit from criticism	1	2	3	4	5	N/A
4. Dependability and responsibility	1	2	3	4	5	N/A
5. Intellectual ability	1	2	3	4	5	N/A
6. Motivation and initiative	1	2	3	4	5	N/A
7. Maturity and stability	1	2	3	4	5	N/A
8. Aspiration to help others	1	2	3	4	5	N/A
9. Clarity of goals for Radiography study	1	2	3	4	5	N/A
10. Overall potential for Radiography study	1	2	3	4	5	N/A

Recommender Signature: _____ **Date:** _____

Recommender Name (Please Print): _____