School of Radiography OSF Saint Francis Medical Center 530 NE Glen Oak Avenue Peoria, Illinois 61637

Applicants to the above-named institution are selected in accordance with nondiscriminatory practices.

Applicant Name: _			
	Last Name	First Name	MI
Address:	Stree		
	City	State	Zip Code
student has signed a waive condition for admission to,	er of this right of access. He receipt of financial aid from	ution is entitled to inspect this evolution is entitled to inspect this evolution is entitled to inspect this evolution is entitled to the entitle of any other services of the entitle of any other services of the entitle of the ent	ny does not require the waiver as a or benefits from the School.
this evaluation. The right v	ve are requesting that you v	vaive would be a consideration if	hat you waive your right to inspect you became an enrolled student at
this evaluation. The right v this school and if the evalu- please be advised that the	ve are requesting that you wation were maintained in you information contained on the	s us to request, but not require, t waive would be a consideration if our file after your enrollment. In c	you became an enrolled student at onsidering whether you will waive, you as an applicant for admission to

<u>APPLICANT</u> - Please note: THIS IS A TWO-PAGE FORM (page 1)

EVALUATION OF APPLICANT PERFORMANCE AND POTENTIAL

1. How long have you known this applicant? In what capacity?							
2. What are this applicant's strengths and weaknesses? If possible, give illustrations. Strengths:							
Weaknesses:							
3. What activities/experiences have developed character in this applicant?							
4. Please rate this person in the following categories:							
	Excellent	Good	Fair	Poor			
Attendance/Promptness							
Critical Thinking Skills							
Self-Confidence							
Self Discipline							
Multi-tasking Ability							
Additional Comments:							
If the applicant signature appears under the waiver on the front of this form, your evaluation will not be reviewed by the applicant; please mail directly to the address below. If the applicant has <i>not</i> signed the waiver and enrolls in this school, the applicant will have the right to review the evaluation. Date:							
If the waiver is signed on page 1, please return this form directly to:							

Program Director, School of Radiography OSF Saint Francis Medical Center 530 NE Glen Oak Avenue Peoria, Illinois 61637