

**THE GENEVA COLLEGE PROGRAM IN CARDIOVASCULAR TECHNOLOGY
IN AFFILIATION WITH INOVA FAIRFAX HOSPITAL**

STUDENT'S NAME _____

In accord with the provisions of Public Law 93-380 as amended,	
_____	I waive my right of access to this confidential report.
_____	I do not waive my right of access to this confidential report.
Applicant's Signature _____	Date _____

The above named student has applied for admission to Geneva College's Cardiovascular Technology Program. We would appreciate your assessment of the candidate's character, integrity, and personality. A careful discrimination between the strong and weak characteristics of the candidate will be most helpful. Please complete the rating chart and write your comments in the space below. If the applicant's academic record is not consistent with your ratings, please explain.

Please rate the applicant using all students you have known at this stage.

	Upper 10%	Upper 25% but not Upper 10%	Upper Half but not Upper 25%	Lower Half	No Basis for Judgement	Make a brief evaluation comment
1. Academic Performance						
2. Intellectual Ability						
3. Imagination/Creativity						
4. Written Expression						
5. Oral Expression						
6. Technical Ability						
7. Initiative/Resourcefulness						
8. Emotional Maturity						
9. Promise as a Practicing Professional						
10. Performance under stress.						

In what capacity have you known the applicant? _____

How well (long) have you known the applicant? _____

Name (print) _____ Signature _____

Position _____ Date _____

Address _____

Comments: (Please use reverse side of this form)

Please mail this form directly to Cardiovascular Coordinator, Department of Biology, Geneva College, Beaver Falls, PA 15010