

Applicant Summary Rating Form: Department of Radiologic Sciences

Applicant Name _____ Today's Date _____

	<u>Points Received</u>	<u>Points Possible</u>
I. Academic Record		
A. GPA x 15 = _____ x 15 = _____	_____	_(60)_
II. Written Communication Skills	_____	_(32)_
III. Date of Interview: _____ Results	_____	_(72)_
IV. Ability to Receive Feedback Low (0 points), Mod (1 point) High (2 points)	_____	_(0,1,2)_
V. Previous Applications Submitted 1 st time (0 points) 2 nd time (5 points) 3 rd time (10 points)	_____	_(0,5,10)_
VI. BS/BA or higher degree	_____	_(10)_
Total Score Received :	_____	_(186)_

Action Taken: **Accepted** **Declined** **Alternate List**

Application Documents Received

Reference Forms: Observation/Videos:

Transcripts: From: _____

J Number: _____