**DIAGNOSTIC IMAGING REFERENCE FORM**

##### To the Applicant:

### Please fill in the details below and send or email this form to your referee. References from friends, family members, or acquaintances are unacceptable and will not be reviewed. This form can be uploaded to your online application account unless your referee chooses to keep it confidential, see below.

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Commencement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Programme to which you have applied:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### To the Referee:

The above person has applied to the School of Medicine at University College Dublin for admission to a Graduate Taught Programme in Diagnostic Imaging and has given your name as referee. Please complete this form, additional information or letters may be attached. The reference for the person whose name appears above will be used solely for evaluation for admissions purposes. Your assessment of the applicant is important to assist us in evaluating his/her candidacy and we are grateful for your time and input.

Please e-mail the completed form to: graduate.imaging@ucd.ie

**Referee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution/ Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: University College Dublin is subject to Freedom of Information and Data Protection legislation. A reference may therefore be accessed by a candidate should he or she request it under the terms of the legislation.

##### Evaluation of Applicant (Please append separate sheets if necessary)

**How long and under what circumstances have you known the applicant?**

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**Based on your knowledge of the applicant, how would you rate him/her in academic ability and promise in master’s-level study?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Top 5%** | **Top 10%** | **Top 25%** | **Top 50%** | **Don’t Know** |
| Intellectual Ability |  |  |  |  |  |
| Willingness to work hard |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |
| Creativity and Initiative |  |  |  |  |  |
| Organisation & Resourcefulness |  |  |  |  |  |
| Motivation & Determination |  |  |  |  |  |
| English Ability (Written & Spoken) |  |  |  |  |  |
| Clarity, fluency and substance or written work (in English) |  |  |  |  |  |

**What are the applicant’s outstanding strengths?**

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**What are the applicant’s weaknesses relative to MSc-level study?**

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**Would you have any reservations about the applicant undertaking taught master’s-level study in their chosen aspect of Diagnostic Imaging?**

 **Yes No**

**If ‘Yes’, please list these below:**

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**In addition, please record any other comments or observations that may be relevant in assessing the applicant’s likely contribution to the MSc Magnetic Resonance Imaging programme at UCD.**

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**Please indicate your overall evaluation of this applicant for master’s-level study at UCD by circling the appropriate scale value.**

**Do not recommend Recommend Strongly Recommend**

**1 2 3 4 5**