

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	_____	_____(34)____
III. Date of Interview: _____ Results	_____	_____(72)____
IV. Previous Applications Submitted		
1 st time (0 points) 2 nd time (5 points) 3 rd time (10 points) _____		_____(0,5,10)____
V. 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: _____