



**Volunteer State Community College
Radiologic Technology Program
Reference Form Page 1 of 2**

Applicant's Name _____

Vol State ID Number _____

Reference's Name _____

TO THE PROGRAM APPLICANT

Please have this form completed by a professional reference of your choice. All application materials are due in the Radiology office by May 1st, no exceptions.

Applicant's signature _____

Date _____

TO THE REFERENCE

The above named applicant has applied to the Radiologic Technology Program at Volunteer State Community College and has given your name as a reference. The admissions committee is interested in obtaining information that will aid in selecting capable students. It is important that students who are selected be able to complete the academic work successfully and should also possess the personal qualifications essential for competent professional performance. Your candid evaluation of the applicant's qualifications will be greatly appreciated. The applicant's pending application will be considered incomplete until your response is received. When completed, please mail this form directly to the Program. Do not return this completed form to the applicant.

Briefly outline in what capacity and for how long you have known this applicant.

RATING: Please rate the applicant in the following categories where 5 represents superior and 1 poor. If you have no basis for evaluation in a category, check "Not Applicable".

Characteristics	Superior 5	4	3	2	Poor 1	Not Applicable
Academic Potential						
Adaptability						
Attendance						
Emotional Stability						
Independence						
Leadership						
Math & Computer Skills						
Maturity						
Oral Communication						
Organization						
Punctuality						
Reliability						
Responsibility						
Team Work						
Written Communication						

COMMENTS: Please add any comments that will provide a complete picture of the applicant's abilities and potential as a student and health care professional. Use an extra page if necessary.

REFERENCE INFORMATION; PLEASE PRINT

Your Name _____

Daytime Phone Number _____

Organization & Title _____

Mailing Address _____

City State Zip _____

Signature _____

Date _____

Please return this form to:

**Volunteer State Community College
Radiologic Technology Program
1480 Nashville Pike
Gallatin, TN 37066**