



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

Applicant's Name \_\_\_\_\_

Vol State ID # \_\_\_\_\_

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 1<sup>st</sup>, 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.

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**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**