Volunteer State Community College
Radiologic Technology Program Reference Form

Applicant’s Name ____________________________________________________________ Vol State ID Number ________________

TO THE APPLICANT: Three reference forms are due in the radiology office by May 1st, no exceptions.

Applicant’s signature __________________________________________ Date ________________

TO THE REFERENCE: This applicant has applied to the Radiologic Technology Program at Volunteer State Community College and has given your name as a reference. Your candid evaluation of the applicant’s qualifications will be greatly appreciated. Mail the completed form directly to Volunteer State Community College · Radiologic Technology Program · 1480 Nashville Pike · Gallatin, TN 37066. Do not return this completed form to the applicant unless it is in a sealed envelope.

How do you know this applicant and for how long? __________________________________________

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<tr>
<th>Characteristics</th>
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<th>Poor 1</th>
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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’s Name __________________________________________ Phone Number __________________________

Organization & Title __________________________________________ Date ________________________

Signature __________________________ Date ________________________