

**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? _____

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's Name _____

Phone Number _____ Organization & Title _____

Signature _____ Date _____