

Pearl River Community College
SPRING OF 2020 APPLICANTS WILL UTILIZE THE ONLINE APPLICATION PROCESS for the Radiology Program

Radiologic Technology Reference Form

Applicant Name: _____ Applicant Signature _____

To the Applicant: Please have this form completed by your reference. Please have someone complete the form who can access your performance in all areas listed. By signing this form you are giving that person permission to complete an evaluation of you. Please make a minimum of 3-5 copies, the number to coincide with the number of references you intend to pass out. This reference will become part of your program application and will remain confidential. **Please note: Reference forms will not be accepted unless received in a sealed envelope (with signature of the evaluator across the back flap).**

Applicant: Please check and sign one of the following.

_____ - I _____ (applicant Signature) waive the right to view this reference form. It will be held in confidence to the evaluator.

_____ - I _____ (applicant Signature) do NOT waive the right to view this reference form. It will be placed in my file and I will be able to view with written request.

To the Evaluator: The individual listed above is applying to the Medical Radiologic Technology Program at Pearl River Community College. The Medical Radiologic Technology Selection Committee needs your input to assist with the student selection process. Seal the completed reference form in an envelope and sign across the back flap. You may return the sealed envelope to the applicant OR you may mail it to Pearl River Community College, 5448 HWY 49 S., Hattiesburg, MS 39401
ATTN: Hope Husband, Program Director

Please rate the applicant in the following areas:

(Grading scale: 4 = superior 3 = good 2 = average 1 = poor 0 = unacceptable)

Characteristics	4	3	2	1	0
Adaptability					
Communication Skills					
Dependability/Reliability					
Emotional Stability					
Independence					
Leadership Ability					
Maturity					
Motivation					
Responsibility					
Team Work					
Accountability					
Integrity					
Self Confidence					

Indicate Your Overall Recommendation of the Applicant:

() Strongly Recommend () Recommend with Reservations () Recommend () Do Not Recommend

Reference Name Printed: _____

Reference Signature: _____

Email Address: _____ Phone Number: _____ How long have you known this applicant: _____ Please use the back of this form for any additional comments.

02/17

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