



# PEARL RIVER COMMUNITY COLLEGE

## Radiologic Technology Reference Form

Applicant Name: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Reference Name: \_\_\_\_\_

How do you know reference? \_\_\_\_\_

How long have you known? \_\_\_\_\_

**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 Radiologic Technology Program at Pearl River Community College. The 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 Information:**

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.