

RADIOLOGIC SCIENCES

Millie Massey, M. Ed., RT(R)(CV), Nadine Wilson, M.A., HSMF, RT(R) Russ Dantzler, B.S.R.S., RT(R) (CT) 803-822-3589 FAX: 803-822-3417

Student/Applicant's Name:

Reference Request Form

Advanced Placement Request Academic Reference for applicants for the Radiology Program

Student – <u>please print</u> your name clearly below and use as a cover letter for each reference form.

The above applicant is requesting a reference based on their performance and teamwork abilities while in a healthcare environment.

In order to enable you to provide the most confidential, honest assessment of the student's abilities, please do not give the completed reference or copy to the student. We've instructed our students to provide you with a stamped envelope if you'd like to mail the completed reference. Otherwise, you may email or fax it directly to our Administrative Assistant for the Radiologic Technology program, using the contact information below. As long as this is received by January 15, 2023, at 1:00 p.m., the student will be able to use your reference in their packet.

Thank you for your honesty and your time.

Sincerely,

Millie Massey

Millie Massey, M.Ed., RT (R) (CV), Director Radiologic Technology, Program Director Midlands Technical College 803-822-3651 masseym@midlandstech.edu

Send references to: Gracyn Sloan

E-MAIL: <u>sloang@midlandstech.edu</u>

FAX: (803) 822-3417 Office Number: (803) 822-3589



RADIOLOGY ADMISSION PROCESS ACADEMIC REFERENCE

Dat	e:				
1.	Reference Name:	Position/Title			
2.	Student's Name:	Student I	D#:		
3.	Name of Course taken:				
4.	Was this an on campus, online or hybrid class?				
and	r program wants students who exempli I communication. Please check the perf rking with you.	-		ies,	
	BEHAVIOR	VERY GOOD (3)	GOOD (2)	POOR (1)	
	A. Positive Attitude				
	B. Team work ability				
	C. Attendance				
	D. Follows Class Policy				
	E. Stays engaged in class				
	F. Use of Good Judgment and Discretion	on			
	G. Communication Skills				
	H. Use of Common Sense				
	I. Work Ethic				
Sigi	nature		_Date		
Cor	ntact Phone #:				
	s form can be returned any time before the fidentiality, please do not give to the stud	<u> </u>	ne. To protect yo	our	
Sen	d references to: Gracyn Sloan				
E-M	IAIL: sloang@midlandstech.edu				
	(: (803) 822-3417	Office Number: (803) 822-3589)		

Thank you for your time in this important matter. Please call if you have questions or concerns.



Reference Request Form

Advanced Placement Request Character Reference for applicants for the Radiology Program

Student – <u>please print</u> your name clearly below and use as a cover letter for each reference form.

Student/Applicant's I	Name:		

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Radiologic Technology, Program Director
Midlands Technical College
803-822-3651
masseym@midlandstech.edu

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RADIOLOGY ADMISSION PROCESS CHARACTER REFERENCE

Date:						
1. Reference Name:	Position/Title					
. Student's Name: Student ID#:						
3. How do you know this applicant?	How do you know this applicant?					
4. How long have you known this applicar	How long have you known this applicant?					
Our program wants students who exemplify the and communication. Please check the performa working with you.			ies,			
BEHAVIOR	VERY GOOD (3)	GOOD (2)	POOR (1)			
A. Positive Attitude						
B. Team work ability						
C. Attendance						
D. Follows Rules						
E. Willing to help others when needed						
F. Use of Good Judgment and Discretion						
G. Communication Skills						
H. Use of Common Sense						
I. Work Ethic						
Signature		_Date	_			
Contact Phone #:						
This form can be returned any time before the Janu confidentiality, please do not give to the student to Send references to: Gracyn Sloan		ine. To protect yo	our			
E-MAIL: sloang@midlandstech.edu FAX: (803) 822-3417	Office Number: (803) 822-358	9				

Thank you for your time on this important matter. Please call if you have questions or concerns.



Reference Request Form

Advanced Placement Request Patient Care or Work Experience for applicants for the Radiology Program

Student – <u>please print</u> your name clearly below and use as a cover letter for each reference form.

Student/Applica	ant's Name:		

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masseym@midlandstech.edu

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RADIOLOGY ADMISSION PROCESS PATIENT CARE VOLUNTEER

WORK EXPERIENCE REFERENCE

Date	<u>. </u>			
1.	Reference Name:	Position/Title_		
2.	Student's Name:	Student I	D#	
3.	Name of Medical Facility:			
4.	Approximate amount of time the abo	·		ks or
5.	What were their specific duties with p	patients?		
and	program wants students who exemplify t communication. Please check the perforr king with you.	mance that best described the s	tudent while	
	BEHAVIOR	VERY GOOD (3)	GOOD (2)	POOR (1)
L	A. Positive Attitude			
L	B. Team work ability			
	C. Attendance			
	D. Follows Policy			
	E. Cares for the Patient			
	F. Use of Good Judgment and Discretion			
	G. Communication Skills			
	H. Use of Common Sense			
L	I. Work Ethic			
Sign	ature		_Date	
Con	tact Phone #:			
	form can be returned any time before the <u>Ja</u> identiality, please do not give to the student		ine. To protect y	our
Send	d references to: Gracyn Sloan			
F-M	AIL: sloang@midlandstech.edu			
FΔX.		Office Number: (803) 822-358	۵	

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