

RADIOLOGIC SCIENCES

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MIDLANDS
TECHNICAL COLLEGE

Radiologic Sciences
48 years of Excellence
Through Practice

Reference Request Form
Advanced Placement Request
Academic Reference
for applicants for the Radiology Program

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

Student/Applicant's Name:

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, 2026, 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)
Radiologic Technology, Program Director
Midlands Technical College
803-822-3651
masseym@midlandstech.edu

Send references to: Gracyn Johnson

E-MAIL: johnsong@midlandstech.edu

FAX: (803) 822-3417

Office Number: (803) 822-3589



RADIOLOGY ADMISSION PROCESS ACADEMIC REFERENCE

Date: _____

1. Reference Name: _____ Position/Title _____
2. Student's Name: _____ Student ID #: _____
3. Name of Course taken: _____
4. Was this an on campus, online or hybrid class? _____

Our program wants students who exemplify the best in teamwork, attitudes, following policies, and communication. Please check the performance that best described the student while working with you.

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			
G. Communication Skills			
H. Use of Common Sense			
I. Work Ethic			

Signature _____ Date _____

Contact Phone #: _____

This form can be returned any time before the January 15, 2026, (1:00 p.m.) deadline. To protect your confidentiality, please do not give to the student to return.

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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 – please print your name clearly below and use as a cover letter for each reference form.

Student/Applicant's Name:

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RADIOLOGY ADMISSION PROCESS CHARACTER REFERENCE

Date: _____

1. Reference Name: _____ Position/Title _____
2. Student's Name: _____ Student ID#: _____
3. How do you know this applicant? _____
4. How long have you known this applicant? _____

Our program wants students who exemplify the best in teamwork, attitudes, following policies, and communication. Please check the performance that best described the student while working with you.

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 #: _____

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Reference Request Form

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

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

Student/Applicant's Name:

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, 2026, at 1:00 p.m.**, the student will be able to use your reference in their packet.

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**RADIOLOGY ADMISSION PROCESS
PATIENT CARE VOLUNTEER
OR
WORK EXPERIENCE REFERENCE**

Date: _____

1. Reference Name: _____ Position/Title _____
2. Student's Name: _____ Student ID# _____
3. Name of Medical Facility: _____
4. Approximate amount of time the above person worked with patients in hours, weeks or months? _____
5. What were their specific duties with patients? _____

Our program wants students who exemplify the best in teamwork, attitudes, following policies, and communication. Please check the performance that best described the student while working with you.

BEHAVIOR	VERY GOOD (3)	GOOD (2)	POOR (1)
A. Positive Attitude			
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			
I. Work Ethic			

Signature _____ Date _____

Contact Phone #: _____

This form can be returned any time before the **January 15, 2026, (1:00 p.m.)** deadline. To protect your confidentiality, please do not give to the student to return.

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