**ODESSA COLLEGE**

**RADIOLOGIC TECHNOLOGY PROGRAM**

**REFERENCE FORM**

05-17

To: *Referring Individual:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Person Completing Form for Applicant:

The person whose name appears at the bottom of this page is applying to the Odessa College Radiologic Technology Program and is requesting a personal reference from you. Please complete this form and mail it before April 30th to:

*Carrie Nanson, R.T. (R), MSRS*

*Program Director, Radiologic Technology Program*

*Odessa College*

*201 W. University*

*Odessa, Tx. 79764*

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**APPLICANT**:

*Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Phone Number:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Odessa College Radiologic Technology Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Odessa College Radiologic Technology Program. I further understand that this form must be mailed to the Odessa College Radiologic Technology Program at the address listed above. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

*Applicant’s Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAND DELIVERED REFERNCE FORMS FROM THE APPLICANT WILL NOT BE ACCEPTED. THE PERSON COMPLETING THE FORM SHOULD MAIL IT TO THE ADDRESS OF THE PROGRAM DIRECTOR LISTED ABOVE.**

*Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 5  Strongly  Agree | 4  Agree | 3  Undecided | 2  Disagree | 1  Strongly Disagree |
| 1. Rarely becomes discouraged in a difficult situation  Comments: |  |  |  |  |  |
| 2. Accepts responsibility & follows through with assigned tasks  Comments: |  |  |  |  |  |
| 3. Consistently responds appropriately to constructive criticism  Comments: |  |  |  |  |  |
| 4. Behaves in an ethical manner  Comments: |  |  |  |  |  |
| 5. Maintains poise in extremely difficult situations  Comments: |  |  |  |  |  |
| 6. Is tactful, considerate, and gets along well with others  Comments: |  |  |  |  |  |
| 7. Practices self-discipline by being present and on time.  Comments: |  |  |  |  |  |
| 8. Expresses self in an appropriate, clear & concise manner  Comments: |  |  |  |  |  |
| 9. Demonstrates good critical-thinking and problem solving skills when faced with challenging situations.  Comments: |  |  |  |  |  |
| 10. Is self-motivated with strong leadership qualities  Comments: |  |  |  |  |  |

Applicant strengths/weaknesses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature* *Date*

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*Relationship to Applicant* *Phone Number*

*Odessa College does not discriminate on the basis of sex, race, color, national origin, religion, disability or age.*