RADIOLOGIC TECHNOLOGY DEPARTMENT

Letter of Reference Form
Application for Admission

Note to applicants:
This form should be copied by you and sent to the references you wish to use for applying to the program.

To those providing references:
Please provide the information below regarding the person requesting your reference for entry into the Missouri Southern State University Radiologic Technology program. When completed, please return it directly to the address below in a sealed envelope to:

Missouri Southern State University
ATTN: Director of Radiologic Technology Program
3950 E. Newman Road
Joplin, MO 64801-1595

Date: ____________________
Name of prospective student: ____________________
Name & title of person providing reference: ____________________
Company name (if applicable): ____________________
Address: ____________________
City, State, Zip: ____________________
Phone Number: ____________________
E-mail: ____________________
How long have you known prospective student? ____________________
In what capacity have you dealt with him/her? ____________________

Please rate this person on the following characteristics by checking the appropriate number:
Rating scale: 4 (superior), 3 (above average), 2 (average), 1 (below average), 0 (sub-standard), NA (unable to provide accurate input on this characteristic)

1. Punctuality 4__ 3__ 2__ 1__ 0__ NA__
2. Maturity 4__ 3__ 2__ 1__ 0__ NA__
3. Self-motivation 4__ 3__ 2__ 1__ 0__ NA__
4. Academic skills 4__ 3__ 2__ 1__ 0__ NA__
5. Study habits 4__ 3__ 2__ 1__ 0__ NA__
6. Work ethic 4__ 3__ 2__ 1__ 0__ NA__
7. Ability to receive constructive criticism 4__ 3__ 2__ 1__ 0__ NA__
8. Interpersonal skills

9. Empathy for others

This person's greatest attribute is:

Areas for improvement:

In your opinion, why should this student be chosen for entry into the radiologic technology program?