UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS
SCHOOL OF RADIOLOGIC TECHNOLOGY
APPLICANT REFERENCE FORM

Name of Applicant: _____ Date _____

Individual providing this reference: _____

In what capacity do you know this applicant? _____

How long have you known this applicant? _____

Please rate the applicant in each of the following areas by placing an (X) in the appropriate box.

Applicant Attributes	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)	N/A (0)
Interest level for Radiography						
Desire to care for the ill or injured						
Interpersonal Relations						
Motivation/Initiative						
Adaptability						
Punctual/Dependable						
Ability to conform to rules or policies						
Self-confidence						
Attitude						
Respect for authority						

Remarks: Please provide us with your overall impression of the applicant and why you feel s/he has the potential to be successful as a Radiologic Technologist (Attach extra pages if needed).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Which one of the following best describes your attitude toward this person if s/he were being considered for a position in which you were in a position of authority?

a. **Definitely would want him/her**
b. **Would be satisfied to have him/her**
c. **No strong preference over other individuals**

Signature: _____ Title: _____

Submit this form by January 31 to:
Program Director
UWHC School of Radiologic Technology
2870 University Avenue, Suite 108
Madison, WI 53705 – OR - FAX: (608) 263-9208

UWHC School of Radiologic Technology is accredited by:
Joint Review Committee on Education in Radiologic Technology