

REFERENCE REQUEST FORM

Advances Placement Request for Healthcare/Patient Contact Experience for the Radiography Merit Qualified List

STUDENT/APPLICANT: _____

The above applicant is requesting a reference based on their performance and teamwork abilities while dealing in a healthcare environment. Please complete the evaluation form and return it to me in the enclosed return envelope by January 15th, 2009.

Thank you for your honesty and your time.

Dr. Bill Mulkey, Director
Radiologic Science