



**Lakeland Regional Medical Center**  
**School of Radiologic Technology**  
Applicant Reference Form

**Name of Student applying for admission consideration:** \_\_\_\_\_

The above named student has listed you as a reference on an application for admission to Lakeland Regional Medical Center School of Radiologic Technology. We would appreciate your opinion regarding this individual on any of the areas listed below:

Please Check one:	Excellent	Above Average	Average	Below Average	Poor	N/A
SCHOLARSHIP: Master of essentials in academic and professional subjects.						
PERSONAL APPEARANCE: Dress, cleanliness, and overall appearance.						
COOPERATIVENESS: Ability to work under direction.						
RESPONSIBILITY: Ability to accept assignments and follow through.						
EMOTIONAL STABILITY: Ability to react under stress in a mature and dependable manner.						
COMMUNICATION: Ability to express oneself.						
INTEGRITY: Adherence to honesty when dealing with others.						
PROFESSIONAL SKILLS: Ability to learn and perform tasks related to occupation.						
DEPENDABILITY: Ability to meet deadlines, attendance requirements, etc.						
PROFESSIONAL PROMISE: Potential for success as a Health Care Professional						

Please feel free to utilize the back of this form to provide additional comments.

**Certification:**

I certify that this evaluation was completed by me personally and it is my understanding that the information provided will be solely used by the Admissions Committee of Lakeland Regional Medical Center School of Radiologic Technology.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following personal information so that program official can contact you if further inquiry into this applicant's background is required

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ What is your relationship to the applicant? \_\_\_\_\_  
 Return this form to:

**Lakeland Regional Medical Center**  
**School of Radiologic Technology**  
**Program Director**  
**P.O. Box 95448**  
**Lakeland, FL 33804**

Federal regulations require that the applicant may have access to this information.



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City
State
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