To the Applicant:
Please choose 3 referees that are in the medical field and who are not related to you. They may be professors, clinical instructors, physicians, employers, managers, or other medical professionals as long as they work closely with you. This reference form is to be completed by your referee in confidentiality. If your referee prefers to deliver the form to you in a sealed envelope, you must not open it. Please adhere to the MSU honesty policy. These forms will not be available for viewing by the student at any time. The CT Program Admissions Committee will destroy these forms upon selection of the candidates.

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

_____ I waive my right to review of this recommendation.
_____ I do not waive my right to review of this recommendation.

Date: ______________ Applicant’s Signature: _______________________________________________________

Name (Print): __________________________________________  __________________________________________

Name of Referee: __________________________________________________

To the Referee:
Thank you for your assistance in providing a professional reference for the applicant named above. Each applicant’s accomplishments and references are very crucial in their success in the CT program at Midwestern State University.

A technologist who pursues an advanced modality must possess certain personal attributes, unique strengths and abilities, and a strong educational foundation to be successful in these environments. We appreciate your thoughtful and honest evaluation of this candidate. If you feel you do not know the individual well enough, please inform the candidate, so he or she may find someone that may give a more accurate reflection.

Once you have completed the form, please do not return it to the applicant, unless it is in a sealed business or institution envelope. Most preferably we request that it be scanned and sent via email to radiologic.sciences@mwsu.edu with a subject line containing CT Program_Reference Form. You may also fax it to 940-397-4845 or mail it to the address listed below. Please include all pages of this form.

*Note* If we receive the reference form directly from the student, we cannot guarantee confidentiality, and verification of authenticity may be required.

Reference forms must be received by July 30, 2015, so that we may begin the selection process.

If you have any questions please contact MSU Radiology at (940) 397-4337 or (940) 397-4575. Thank you for your assistance.
Applicant's Last Name

First

Middle Initial

Your Name

Title/Position

Organization or Institution

Email address

Work Phone Number

Date

May we contact you for verification or clarification purposes? □ Phone □ Email □ Do not contact

1. What is your relationship with the applicant?

□ Professor

□ Clinical Instructor

□ Employer/Supervisor

□ Other______________________________________________________________

2. Do you know the applicant well enough to give him/her a recommendation? □ Yes □ No (If you answered No, you do not need to complete the rest of this form.)

3. How long have you known the applicant? __________________________________________________________

4. Recommendations

□ Strongly recommend                 □ Recommend with reservations

□ Recommend                        □ Do not recommend
5. Evaluation Table

<table>
<thead>
<tr>
<th>Ranking of candidate</th>
<th>5 Very Good</th>
<th>4 Good</th>
<th>3 Average</th>
<th>2 Below Average</th>
<th>1 Very Poor</th>
<th>Not observed</th>
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</thead>
<tbody>
<tr>
<td>Capacity for critical thinking</td>
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<tr>
<td>Ability to work with others</td>
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<td>Motivated toward a successful and productive career</td>
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<tr>
<td>Dependability</td>
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<td>Attitude towards school, life, work, decision making</td>
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<td>Time management</td>
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<td>Patient care skills including radiation protection</td>
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<td>Shows compassion and empathy for others</td>
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<td>Professionalism</td>
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<td>Adaptability in new or stressful situations</td>
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</tbody>
</table>

6. Additional comments (may include more on a separate sheet if needed)

____________________________________________

____________________________________________

____________________________________________

Signature of Referee ________________________ Date ________________________

Return to:
Email: radiologic.sciences@mwsu.edu or
Fax: 940-397-4845 or
Mail: Midwestern State University
Department of Radiologic Sciences/CT Program
3410 Taft Blvd. Wichita Falls TX, 76308