

# Arkansas Society of Radiologic Technologists

Board of Directors Student Intern  
Program Director Reference Form

Student Name \_\_\_\_\_

Program Director Name \_\_\_\_\_

Program \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Student GPA    Program \_\_\_\_\_    Overall \_\_\_\_\_

Please include a letter of reference with this form.

# **Arkansas Society of Radiologic Technologists**

Board of Directors Student Intern

Faculty Member or Clinical Instructor Reference Form

Student Name \_\_\_\_\_

Faculty Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please include a letter of reference with this form.