

**MxCC School of Radiologic Technology**

**Observation/Shadow Documentation Form**

This form is part of the application process to the Middlesex Community College Radiologic Technology Program and should be completed and submitted to the Admissions Office at Middlesex Community College on/or before March 23, 2018 as part of the 2018 application process for the Radiologic Technology Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address City ST. Zip Code

\_\_\_\_\_  
Phone (Cell) e-mail

Print Name of Applicant:  
\_\_\_\_\_, attended a 2-hour  
observation/shadow at the facility listed below on \_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City ST. Zip  
Code

\_\_\_\_\_  
Radiology Department Staff's Name/Credentials (Print)

\_\_\_\_\_  
Radiology Department Staff's Signature Date

**Office of Enrollment Services  
Middlesex Community College  
100 Training Hill Rd.  
Middletown, CT 06457**