**MEDICAL LABORATORY SCIENCES**

**APPLICANT RECOMMENDATION/EVALUATION FORM**

EVALUATOR'S NAME: DATE:

(Name of person giving evaluation on above line)

STUDENT’S NAME:

(Forms that are not completely filled out, and legible, may interfere with your internship.)

x I waive my right to access this form. I do **NOT** waive my right to access this form.

Applicant’s Signature:\_ Date:

The above candidate is being considered for a highly technical and precise profession. It is imperative to know more qualifications than a transcript can reveal. Your assessment is appreciated.

How long have you known the applicant?\_ \_months years In what capacity do you know the applicant? Instructor - one class Instructor - several classes

* Advisor Employer Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the following characteristics:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristic** | **Excellent** | **Above Average** | **Average** | **Below Average** | **Unable to Evaluate** |
| Appearance |  |  |  |  |  |
| Cooperation |  |  |  |  |  |
| Integrity |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |
| Written Communication |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Initiative and Independence |  |  |  |  |  |
| Punctuality/Attendance |  |  |  |  |  |
| Learning Ability |  |  |  |  |  |
| Comprehension & Correlation |  |  |  |  |  |
| Imagination & Originality |  |  |  |  |  |
| Organization |  |  |  |  |  |
| Work Accuracy |  |  |  |  |  |
| Technical Competency |  |  |  |  |  |
| Judgement |  |  |  |  |  |
| Responsibility |  |  |  |  |  |

Please comment on this individual’s personality and ability to work/get along with others.

Please include any comments that might be of assistance in considering this applicant for a

*Medical Laboratory Sciences* Practicum position.

What is your overall recommendation for this applicant?

 I highly recommend this applicant.

* + I recommend this applicant.
	+ I recommend this applicant with reservation.
	+ I do not recommend this applicant.

Name: (Please print or type)

Position:

Address City & State Zip

Signature: Phone Number

Thank you.

Please send completed form to: J. Lynne Williams, Ph.D.

School of Health Sciences Oakland University Rochester, MI 48309-4482

(248) 364-8689

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