



RECOMMENDATION FORM

Name of Applicant: _____
Student Id #: _____
Applying to: Medical Laboratory Technology

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P. L. 93-380 (Family Educational Rights and Privacy act of 1974).

- I waive my right of access to this letter of recommendation.
I do not waive my right of access to this letter of recommendation.

Signature of Applicant _____ Date _____

RECOMMENDATION FOR THE MEDICAL LABORATORY TECHNOLOGY PROGRAM

1. HOW WELL DO YOU KNOW THE APPLICANT? Very Well Fairly Well Minimally Unknown

How long have you known the applicant? _____ Identify the capacities in which you have been associated with the applicant. Instruction Lecture Employer Counselor Undergraduate academic advising Graduate academic advising Co-worker Other _____

2. MOTIVATION FOR THE MEDICAL LABORATORY TECHNOLOGY PROGRAM:

- Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to observe Weak in some respects, such as _____

Additional Comments: _____

3. POTENTIAL FOR WORKING WITH PATIENTS:

- Exceptionally good Good; no major weaknesses Poor Inadequate opportunity to observe Weak in some respects, such as _____

Additional Comments: _____

4. COMMUNICATION SKILLS:

Table with 5 columns: Poor Expression, Inappropriate Verbs, etc., Accurate and Appropriate, Above Average, Excellent Observation. Rows for Oral and Written skills.

Comments _____

5. **WORK HABITS:** Works at full capacity Works well; has reserve capacity Satisfactory, but not best
 Inclined to "get by" Inadequate opportunity to observe
(Please complete reverse side)

6. **INTERPERSONAL RELATIONS WITH OTHERS:**
 Appropriate Poor Inadequate opportunity to observe Difficulties, such as _____

7. **PERSONALITY:** Satisfactory Objectionable Inadequate opportunity to observe

8. **MATURITY:** Mature Immature Inadequate opportunity to observe

9. In addition to your preceding responses, please give your personal evaluation of and your reaction to the applicant. (You may wish to amplify some of your previous comments.)

10. My recommendation is: Very Enthusiastic Strong Neutral Negative

Please print your name _____

Signed _____ Date _____

Position _____ Institution _____

Please Mail this letter to: Texas Southmost College
Medical Laboratory Technology Program
301 Mexico Boulevard,
Room H3A
Brownsville, Texas 78520