REQUEST FOR RECOMMENDATION The Valley Hospital: Medical Lab Science Program						
TO BE COMPLETED BY APPLICA	NT: NAME: (Last	NAME: (Last)		(First)		
ADDRESS:						
Street		City		State	Zıp	
I waive the right to review this recomme	endation.		Signature of Applic	eant		
			Signature of Applic	zant		
TO THE RECOMMENDER: In order to expedite the application process, please return this form as soon as possible to:						
Written hard copies may be mailed		Dien Avenue				
Scanned copies may be sent directly the recommender by email to:		alleyhealth.com				
Applicants to the Medical Laboratory Science Program specified above are required to have recommendations submitted by persons who						
are in a position to evaluate their qualification personality, abilities and suitability for a strictest confidence.	ications. The recommend a Medical Laboratory Sci	der is asked to make ence student. All con	a frank appraisal of mments and informa	the applicant's chara tion provided will b	acter,	
PLEASE COMPLETE: I have known the applicant for (months, years), and I know the applicant						
very wellfairly wellonly casually. My relationship to the applicant was (is) in the following capacity:						
Guidar		Employer				
Teache		Supervisor				
Adviso	or		Other (specify)			
Relative to persons of similar background, training and professional interests, how would you rate the applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.						
Characteristics Evaluated Excel	lent Above	Average	Unsatisfactory	Not Applicable		
Academic ability						
Written communication skills Verbal communication skills					+	
Leadership skills						
Initiative and motivation						
Assertiveness					1	
Willingness to cooperate						
Dependability						
Willingness to accept criticism						
Professionalism Emotional maturity					+	
Integrity					•	
What do you feel are the applicant's strong points?						
Does the applicant have any weaknesses	s which you feel would h	inder his/her ability t	o perform in a healt	h care setting?		
11						
Other comments:						
	-					
RECOMMENDATION CONCERNING ADMISSION: Signature of Recommender:						
I highly recommend this applicant	NAME:					
I recommend this applicant	TITLE:					
I recommend this applicant, but wi	PHONE #:					
	I am not able to recommend this applicant.					