

# Beaumont

## SCHOOL OF MEDICAL LABORATORY SCIENCE Recommendation Form (44-Week Program) 2021

APPLICANT NAME (print or type): \_\_\_\_\_

I waive my right to access this form ☐

I do **NOT** waive my right to access this form ☐

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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

Recommender Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ MONTHS \_\_\_\_\_ YEARS

In what capacity do you know the applicant?

Instructor: ☐ Advisor: ☐ Employer: ☐ Other: \_\_\_\_\_

Please rate this applicant in the following characteristics:

Characteristic	Excellent	Good	Average	Below Average	Cannot Evaluate
Appearance					
Cooperation					
Integrity					
Oral Communication					
Written Communication					
Attitude					
Initiative & Independence					
Punctuality					
Learning Ability					
Comprehension & Correlation					
Imagination & Originality					
Organization					
Work Accuracy					
Competency					
Judgment					
Responsibility					

Highly Recommend: ☐ Recommend: ☐ Do Not Recommend: ☐ Recommend with reservation: ☐

Please write any additional information that will assist us when considering this applicant below.

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_