

Beaumont

SCHOOL OF MEDICAL LABORATORY SCIENCE
Department of Clinical Pathology, Beaumont Hospital - Royal Oak

Technologist Program Recommendation Form 2020

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: _____

Affiliation: _____

Email: _____

City/State: _____

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: _____

RETURN MAILING ADDRESS:

Beaumont Health

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