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>
<thead>
<tr>
<th>Poor Expression</th>
<th>Inappropriate Verbs, etc.</th>
<th>Accurate and Appropriate</th>
<th>Above Average</th>
<th>Excellent Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral............</td>
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<tr>
<td>Written.........</td>
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</tbody>
</table>

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