

LETTER OF RECOMMENDATION
CLINICAL LABORATORY SCIENTIST TRAINEE APPLICANT

This section to be completed by applicant. Please type or print clearly.		
Applicant Name:		Applicant Signature*:
Address:		
Name of Program:	Address:	Application Deadline Date:
UCI Medical Center Medical Technology Program	101 The City Drive, 6`X["] (ŹFa "(+\$\$ Orange, CA 92868-3201	

*Applicant: By signing this form, I waive my rights to review this document.

<p>Evaluator: The remainder of this form is to be completed by the evaluator. The contents will be held in the strictest confidence from unauthorized individuals. Please type. When completed, please mail the original to the program address indicated above.</p> <p>PLEASE DO NOT RETURN TO THE APPLICANT. This evaluation should be received prior to the program deadline date entered above.</p>
<p>Familiarity with applicant (how known, how long, and how well known?)</p>
<p>COMMENTS: Please include in this section all pertinent information you have regarding the applicant, particularly: 1) special strengths and weaknesses, 2) any anomalous aspects of applicant's academic record, 3) ability to do independent work, and 4) extracurricular activities including employment.</p> <p>This section is invaluable in deciding among applicants where all else appears equal. Please append additional sheets if necessary.</p>

Please complete both pages

ACADEMIC PERFORMANCE - If you were responsible for assigning the final grade for one or more academic programs in which the applicant participated, please provide a breakdown of the distribution of grades awarded and show the candidate's class standing for each course in the boxes below.

COURSE TITLE	Class size	#A's given	#B's given	#C's given	#Other given	Applic Rank	Applic Grade

PROFILE (optional) - Check (√) the number that best represents your evaluation of the applicant.

5 = outstanding ability	3 = average ability and a minimal level of performance			1 = shows definite weakness	
	5	4	3	2	1
Reliability (intellectual and personal integrity, promptness, conscientiousness)					
Emotional Control (self-control, judgment, consistency, maturity, dependability)					
Social Values (sensitivity to needs of others)					
Industry (drive, initiative, work habits performance)					
Personality (manners, courtesy, tact, poise)					
Communication skills (comprehension, responsiveness, verbal expression, clarity)					
Laboratory Skills (organization, preparedness, quality of work/reporting)					

SUMMARY OPINION - Please check (√) the one category in which you would rank this applicant according to his/her **overall suitability** as a clinical laboratory scientist trainee. State what group the applicant is compared to:

<input type="checkbox"/>	Outstanding - a person who appears only once every few years. (7)
	Excellent - in the upper 10% of applicants I have known. (6)
	Well Above Average - in the upper 25% of applicants I have known. (5)
	Above Average (4)
	Average (3)
	Slightly Below Average - should be able to complete work in Clinical Laboratory Science. (2)
	Well Below Average - not recommended. (1)

This is a(n): Committee or composite evaluation <input type="checkbox"/> (Chair signs for committee)		Individual evaluation <input type="checkbox"/>
Evaluator Name		Phone
Title		
Institution		
Address		
Signature		Date

Please complete both pages