

MCLEOD HEALTH SCHOOL OF MEDICAL LABORATORY SCIENCE

REFERENCE FORM (1 of 3)

PART A

(To be completed by the applicant)

APPLICANT'S NAME _____ DATE _____

ADDRESS _____

Street

City

State

Zip

INSTRUCTIONS TO APPLICANT: Complete Part A and email the form to the individual who has agreed to supply the reference. **We are only accepting electronic copies.** Ask this individual to fill out Part B of this form. Have them save the applicant's name at the end of the file name and send from their official work address to: aorange@mcleodhealth.org.

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Under the Family Education Rights and Privacy Act of 1974, a student enrolled at McLeod Health School of Medical Laboratory Science has access to his or her educational records. We comply with this law, while still allowing the student the option of waiving the right of access. Some individuals prefer not to complete reference forms unless they can be assured confidentiality. If you wish to waive the right to examine this recommendation, please sign below. Regardless of your decision on waiving your right of future review, your application will be given full consideration.

I hereby freely and voluntarily waive my right to any information contained on this recommendation form submitted by

Name of recommender (provided by applicant) _____

Signature of Applicant _____ Date _____

PART B

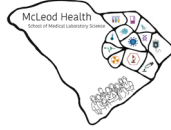
The above named applicant is applying for admission to the McLeod School of Medical Technology, Florence, South Carolina, and has given your name as reference. Would you please complete the form and email directly to: aorange@mcleodhealth.org.

1. In what capacity have you been able to observe the applicant's attitude and personal behaviors? **NOTE:** Only professional references allowed, no personal.

___ Faculty ___ Supervisor ___ other, please describe _____

2. How long have you known the applicant?

___ Less than 6 months ___ 6 months to 1 year ___ 1 – 3 years ___ 3 – 5 years ___ Greater than 5 years



3. Based on your knowledge of the applicant, using the following rating scale, please rate the applicant regarding the following characteristics:

4 – Outstanding 3 – Above Average 2 – Average 1 – Below Average 0 – Poor/None

Applicant Qualities	4	3	2	1	0
Scholarship					
Quality of Work					
Reliability					
Cooperation					
Attitude					
Written Communication					
Verbal Communication					
Perseverance					
Punctuality					
Judgment					
Self Confidence					
Motivation					

Considering this applicant's overall qualifications for admission to a school of medical laboratory science and to the profession, he/she is rated as: (Check one that best applies to this candidate)

Excellent _____ Above Average _____ Average _____ Below Average _____ Poor _____

4. Would you recommend this applicant for admission to the McLeod Health School of Medical Laboratory Science Program?

- This applicant receives my highest recommendation. I recommend this application with reservations.
- I recommend this applicant with confidence. I would not recommend this candidate.
- I recommend this applicant.



5. Please use the following space to add additional comments pertinent to the applicant. All information on this document is kept in strict confidence and will be accessible only to the MLS program officials.

Name: _____

Title/Position: _____

Place of employment/Institute/Organization: _____

Signature _____

Date _____