



Carolinas College of Health Sciences

Medical Laboratory Science Reference Form for Applicants

To the Applicant:

Submit two professional references, using the Carolinas College of Health Sciences forms, from college instructors and/or supervisors with one from a current supervisor.

1. For each reference complete the student information in Section I, reading the waiver options carefully. Be aware that some individuals will complete a reference only if you have waived the right to access.
2. Provide each selected reference with a form and an envelope. Inform the reference of the date needed. Collect completed references in sealed envelopes and mail to the College or provide reference with a stamped envelope preaddressed to the College. If the references are mailed separately, follow up to see if they have done so by the deadline. Mail completed reference forms to:

**Admissions Office
Carolinas College of Health Sciences
915 Pearl Parkway, Suite 110
Charlotte, NC 28204**

SECTION I

Applicant Name: _____ **Applicant's Email:** _____
(Last) (First) (Middle/Maiden)

Under provisions of the Family Education Rights and Privacy Act (FERPA) as amended, you have the right to access the contents of this reference form once enrolled as a student at this college. You also have the option of waiving this right. Please indicate your preference by selecting one of the options provided, signing, and dating this form.

_____ I WAIVE my right to access the contents of this reference form and authorize my reference to provide the Carolinas College of Health Sciences with information that may be required in support of my application.

_____ I do NOT waive my right to access the contents of this recommendation form, but I authorize my reference to provide the Carolinas College of Health Sciences with information that may be required in support of my application.

Signature of applicant: _____ **Date:** _____

To the Reference:

This applicant seeks a position in our Medical Laboratory Science program. Please complete Section II. The information you provide will be used to supplement the applicant's academic record and will aid us in the selection process. Your candid assessment is appreciated and is required to complete the application process.

SECTION II

This form is numerically summarized. Leaving any item un-rated will penalize the applicant. If you cannot rate an applicant in all areas, please use a rating based on the other areas of assessment or decline completion of reference.

Name of Applicant: _____

Please rate the applicant in each category below by placing an "X" in the appropriate column.

Applicant Characteristics This data is numerically summarized. All categories MUST be rated.	Outstanding (0.5)	Above Average (0.4)	Average (0.2)	Poor (0.0)
1. Laboratory and/or Work Performance: Industrious, performs work promptly, independently, and safely.				
2. Judgment: Critically and reliably evaluates facts, uses common sense in making decisions.				
3. Efficiency: Has good manual dexterity, neat, organized, and able to multitask.				
4. Originality: Demonstrates initiative and resourcefulness.				
5. Written communication: Expresses self well in writing.				
6. Oral Communication: Expresses self well verbally.				
7. Development Potential: Demonstrates potential for professional growth.				
8. Leadership: Has capacity to assume responsibility and lead others.				
9. Adaptability: Has ability to assume new or changing conditions and accepts them constructively.				
10. Poise and Self Control: Contributes knowledge or opinion in a mature manner.				
11. Interpersonal Relations: Works well with others towards a common goal.				
12. Dependability: Works well with limited supervision, is responsible, accurate and precise.				
13. Attendance and Punctuality:				
Additional Comments:				

How long have you known the applicant? _____

Relationship to the applicant:

☐ Current Supervisor

☐ Previous Supervisor

☐ Academic Advisor or Instructor

The student is pursuing a professional career program. Which best describes your response to this applicant's pursuit of a responsible position as a Medical Laboratory Technologist:

☐ Highly recommend (2.5)

☐ Recommend (2.0)

☐ Recommend with Reservations (0)

☐ Do Not Recommend (0)

Evaluator: Please PRINT your name: _____

Evaluator's Signature: _____

Date: _____

Evaluator's Position/Title: _____

Evaluator's Address: _____

Evaluator's Phone Number: _____

For College Use Only:

FINAL SCORE: