UPMC TRINITY MEDICAL LABORATORY SCIENCE PROGRAM
PERSONAL LETTER OF RECOMMENDATION FORM

In compliance with the Family Educational Rights and Privacy Act of 1974, I allow the release of the information herein requested and I ____waive my right to view this evaluation/I ____ do not waive my right to view this evaluation.

STUDENT SIGNATURE_____ DATE_____

STUDENT PRINTED NAME_____ COLLEGE/ UNIVERSITY_____

NAME TITLE

COLLEGE/UNIVERSITY/COMPANY

ADDRESS PHONE

EMAIL SIGNATURE

I HAVE KNOWN THE APPLICANT FOR _____ YEARS _____ MONTHS IN WHAT CAPACITY_____

PLEASE PLACE A CHECK MARK IN THE BOX THAT BEST DESCRIBES YOUR EVALUATION OF THIS STUDENT:

	OUTSTANDING	GOOD	AVERAGE	FAIR	POOR	NOT APPLICABLE
Academic potential						
Accuracy of work						
Ability to problem solve						
Oral communication skills						
Written communication skills						
Emotional stability						
Maturity						
Ability to work independently						
Ability to work with others						
Attendance/punctuality						
Initiative						
Integrity/honesty						
Response to constructive criticism						
Sound judgement						
Leadership qualities						

Please offer any additional comments you may have as to whether the applicant should be accepted into the School of Medical Laboratory Science:

Please check the statement that best describes your recommendation:

_____ Highly recommend without reservation **_____ Recommend** **_____ Do not recommend**
_____ Recommend with confidence **_____ Recommend with reservation**

Signature_____Date_____

Please send completed form to:

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