

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER**  
**School of Allied Health Professions**  
**Office of Student Affairs**  
**1900 Gravier Street, New Orleans, LA 70112**

**Department of Clinical Laboratory Sciences**  
**(Program in Medical Technology)**

**RECOMMENDATION OF APPLICANT**

**TO BE COMPLETED BY THE APPLICANT:**

I (please print name) \_\_\_\_\_ wish to enter the LSUHSC School of Allied Health Professions, Department of Clinical Laboratory Sciences working toward the Bachelor of Science in Medical Technology.

Applicant's Waiver to Access Recommendation Letters

I, the undersigned, as an applicant do hereby waive my right of access to information set forth in evaluations and/or recommendations which have been prepared for the purpose of seeking admission to the Department of Clinical Laboratory Sciences, program in Medical Technology, LSU Health Sciences Center, School of Allied Health Professions. Furthermore, I do waive my right to examine such confidential information that may be placed in the education records and do expressly authorize destruction of such materials after they have served the admissions purposes for which intended.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

NOTE: Signing of this waiver is not a requirement for admission to, receipt of financial aid form, or receipt of any other services or benefits from the Department of Clinical Laboratory Sciences, LSUHSC School of Allied Health Professions.

**TO BE COMPLETED BY THE RECOMMENDER:**

1. Indicate area of principal contact with applicant

Classroom                       Research Project                       Counselor

Laboratory                       Seminar Group

Other – describe: \_\_\_\_\_

2. Do you feel that you know the applicant well enough to give a reasonable, comprehensive estimate of academic ability, and personal potential?

Yes                       Probably                       Not Sure

3. Please rate the applicant with respect to the following specific attributes:

CHARACTERISTIC	EXCEL	GOOD	AVER	POOR	COMMENTS
INTELLECTUAL ABILITY					
PRACTICAL ABILITY					
MOTIVATION					
INITIATIVE					
SELF-EXPRESSION					
WORK HABITS					
EMOTIONAL MATURITY					
RELIABILITY					
ADAPTABILITY					
JUDGEMENT					
INTERPERSONAL RELATIONSHIPS					
APPEARANCE					

REMARKS:

---



---

4. Recommendation for this position:

- YES, with confidence and without reservation.
- YES, without reservation.
- YES, with noted reservation(s)

---



---

NO

EVALUATORS NAME: \_\_\_\_\_

(Please print)

Title of Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

---

Phone:(     ) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_