

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
School of Allied Health Professions
Office of Student Affairs
1900 Gravier Street, Room 6B17, New Orleans, LA 70112

Department of Clinical Laboratory Sciences
(Program in Medical Technology)

RECOMMENDATION OF APPLICANT

(at least one must be from a college instructor/professor)

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: _____