University of Cincinnati Medical Laboratory Science – Reference Form

APPLICANT COMPLETES THIS SECTION FIRST:

Please complete the top section of this form and sign the waiver. Then give it to the references you named and instruct them that they, not you, must submit the completed form using the instructions below. Two references are required. Family members and personal friends cannot serve as references. One reference must be a current laboratory supervisor. If the applicant is not currently working in a laboratory, alternate references may be used.

Applicant Name: ____________________________ Applicant Date of Birth: ________________
Evaluator Name: ____________________________ Phone: ____________________________

I hereby authorize the above named individual to provide the requested information.

Applicant Signature: ____________________________ Date: ____________________________

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant, if admitted and enrolled, will have access to the information provided unless he/she waives such access.

I HEREBY WAIVE MY RIGHT OF ACCESS TO THE INFORMATION RECORDED ON THIS FORM.

Signature of Applicant ____________________________ Date ________________

REFERENCE COMPLETES THIS SECTION AFTER THE APPLICANT HAS COMPLETED THE TOP SECTION:

Thank you for providing a reference for this applicant to the UC MLS program. Please complete the reference form below and then return by one of the routes listed at the end of this form. Please do not return this form to the applicant.

Please indicate your evaluation of the applicant on a scale of 1 to 5 as follows:
5 - Excellent  4 - Above Average  3 – Average  2 - Below Average  1 - Unsatisfactory  X - Unable to evaluate

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<tr>
<td>1</td>
<td>Judgment and Problem-Solving (responsible, critical)</td>
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<td>2</td>
<td>Manual Dexterity (agile, coordinated)</td>
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<td>3</td>
<td>Personality (pleasant)</td>
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<td>4</td>
<td>Poise (self-confident, responds well to unfamiliar demands)</td>
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<td>5</td>
<td>Communication Skills (articulate, clear, grammatical, responsive)</td>
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<td>6</td>
<td>Initiative (motivation, commitment, desire to succeed)</td>
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<td>7</td>
<td>Adherence to Established Policies &amp; Regulations</td>
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<td>8</td>
<td>Flexibility (responds or conforms to changes or new situations)</td>
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<td>9</td>
<td>Dependability (responsible)</td>
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<td>10</td>
<td>Industry (diligent, prompt, persistent, organized)</td>
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<td>11</td>
<td>Interpersonal Relation Skills (courteous, cooperative, tactful,</td>
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<td>able to motivate, persuasive)</td>
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<td>12</td>
<td>Maturity (stability, self-disciplined, receptive to criticism)</td>
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How long and in what capacity have you known the applicant?

Please write any additional comments or information that might assist us in our evaluation of this applicant.

__________________________________________________________________________
Signature

__________________________________________________________________________
Title

__________________________________________________________________________
Institution & Address

__________________________________________________________________________
Date

Do not return this form to the applicant. Submit both pages of the form directly to any of the following:

MAIL
University of Cincinnati
Office of Admissions
PO Box 210091
Cincinnati, OH 45221-0091
Attention: MLS Online Admissions

EMAIL
Admissions@uc.edu (note s in Admissions)

FAX
Must include a cover letter or evaluation will not be considered
513-556-1105