

RECOMMENDATION

APPLICANT NAME: (Print) _____
FIRST MIDDLE INITIAL LAST

- I do waive my right to inspect the contents of the following recommendation.
 I do **not** waive my right to inspect the contents of the following recommendation.

Applicant Signature : _____ **Date:** _____

RECOMMENDER: Please complete this section. Note: Confidentiality of letters of recommendation cannot be guaranteed unless applicant waives right of access.

Although our admissions process does not allow time to individually thank each evaluator of our applicants, the UWM Clinical Laboratory Sciences Program appreciates your time and effort in completing this form.

In what capacity do you know this applicant? _____

How long have you known this applicant? _____

Please indicate the applicant's ability and competence in comparison with other individuals whom you have known.

	Exceptional (Top 1%)	Outstanding (Upper 10%)	Very Good (Upper 15%)	Above Average (Upper 25%)	Average (Upper 50%)	Below Average (Lower 50%)	Inadequate Knowledge
Adaptability							
Ability to follow instructions							
Ability to work under pressure							
Attitude							
Communication skills – oral & written							
Emotional stability & maturity							
Initiative / Motivation							
Integrity							
Interpersonal skills							
Punctual / Dependable							
Quality of work							

Please indicate your overall endorsement of the applicant:

- Recommend highly Recommend Recommend with reservation

In addition to the answers provided above, your personal comments are encouraged on an attached separate sheet/letter.

Name: _____ Position/Title: _____
PLEASE PRINT

Organization: _____
DEPARTMENT INSTITUTION

Signature: _____ Date: _____

Phone: _____ Email: _____

PLEASE RETURN THIS FORM AND ANY ACCOMPANYING MATERIAL to the applicant in a sealed envelope with your signature over the sealed area PRIOR TO NOVEMBER 1.