



Northern Light Eastern Maine Medical Center
School of Medical Laboratory Science

Applicant Recommendation Form

To the Applicant: Please complete the following information and furnish this form to the individual who has agreed to provide a reference in support of your application.

Student Full Name:

Under the Federal law entitled Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation.

The following request is in compliance with the federal Family Educational Rights and Privacy Act.

I do not waive my right of access to this recommendation.

I voluntarily waive my right to any information on this recommendation form.

Typing your name in the box below serves as your electronic signature and indicates that you agree to the above acknowledgement.

Signature of Applicant:	Date:
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The above candidate is being considered for a Medical Laboratory Science program. Evaluation recommendations made by science instructors and employers have proved to be very informative in the selection process. We respectfully ask that you evaluate this student for the characteristics or traits listed below and return the form electronically to Leigh Belair, MLS Program Director at: kmurray@northernlight.org. Thank you, your assessment is appreciated.

How long have you known the applicant? _____ Months _____ Years

In what capacity do you know the applicant? Only selected reference sources are acceptable:

Instructor, one class

Instructor, several classes

Current Employer/Supervisor

Former Employer/Supervisor

Characteristics		Excellent	Above Average	Average	Below Average	Unable to Evaluate
Personal	Appearance					
	Cooperation					
	Integrity					
	Maturity					
	Empathy					
Communication Skills	Oral					
	Written					
Motivation	Attitude					
	Initiative					
	Punctuality					
	Leadership potential					
Ability	Intellectual ability					
	Critical Thinking					
	Multi-task					
	Manual Dexterity					
	Work Independently					
	Problem Solve					
Quality of Work	Organization					
	Accuracy					
	Technical					
Professionalism	Judgment					
	Ability to handle stress					
	Acceptance of Feedback					
	Interaction with others					

Please include any comments that might be of assistance in considering this applicant for the MLS Program.

What is your overall recommendation of this applicant?

Highly Recommend

Recommend with Confidence

Recommend with Reservation

Do Not Recommend

Name	Title:		
Email:	Phone:	Date:	

Updated November 2023