

CLS Program Applicant Recommendation Form

To the applicant:

You must complete and sign this statement before giving it to the recommender. The request is in compliance with the federal Family Educational Rights and Privacy Act.

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

Signature of Applicant _____ Date: _____

Name of Applicant _____
(Please print) Last First Middle

To the recommender:

The person named above is applying for admission to the baccalaureate program in Clinical Laboratory Science (CLS) at the University of North Carolina at Chapel Hill. CLS (also called medical technology) is the branch of medicine that deals with laboratory analysis of biological material. Graduates perform a variety of diagnostic tests, validate the quality of results, correlate data obtained with patient conditions, and may manage laboratories and supervise personnel. Students applying for admission to this program are evaluated on a number of criteria including both academic and nonacademic performance. Applicants have been requested to refer this form for completion to persons who have had an opportunity to observe their academic qualifications and personal characteristics. (Please print or type your responses and mail directly to the CLS program at the address below.)

Your name _____ Date _____

Position _____ Institution _____ Phone _____

Business Address _____

How long and in what capacity have you known the applicant?

Please check the appropriate response for all items.

1. Assess the applicant's aptitude for further studies in applied science courses such as those in the CLS curriculum.
 excellent good average poor unable to assess
2. How would you rate the applicant's problem solving skills?
 good average poor not observed
3. Assess the applicant's laboratory skills. (consider attention to detail, organization, thoroughness, dexterity, etc.)
 good average poor not observed

(Continued)

4. How well does the applicant follow verbal and written instructions?
____very well ____average ____poor ____not observed
5. How well does the applicant contribute to “teamwork” by working cooperatively with others?
____very well ____average ____poor ____not observed
6. How well does this person appear to handle stress? (consider working within time constraints, test taking, etc.)
____very well ____average ____poor ____not observed
7. How would you assess this applicant’s honesty and integrity?
____fine ____possibly problematic ____can’t assess
8. Does this applicant show potential as a leader?
____yes ____maybe ____no ____can’t assess
9. Would you recommend acceptance of this applicant to the CLS program?
____definitely yes ____yes with some reservation ____no

Please use the space below or attach a separate sheet to add additional information that you think is relevant to this applicant’s success in the CLS program.

Signed _____

Please return to:

***CLS Admissions Chair
Division of Clinical Laboratory Science
The University of North Carolina
Bondurant Hall Suite 4100, CB# 7145
Chapel Hill, NC 27599-7145***