

Reference Form - Phoenix College Medical Laboratory Science (MLT) Program 2019-2021

Applicant Instructions: This reference is required to complete your application. It must come from an employer who knows you well and can comment on your academic ability, employment skills and your suitability and preparation for a career in Medical Laboratory Science. If you do not have an employer, you can use an instructor who has known you for more than one semester.

Please give the form to your designated reference, providing him or her with instructions to email the completed reference form to: **rochelle.helminski@phoenixcollege.edu**

References provided in confidence are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference with regard to the confidentiality of this evaluation.

In accordance with the Family Educational Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

- I waive my right of access to this reference form
 I do NOT waive my right of access to this reference form

Applicant's name (please print) _____ Student ID # _____

Evaluator Instructions: Please complete the following information and email directly to the Phoenix College Program Director following the directions provided.

Name _____ Title/Occupation _____

Address _____

Street City State Zip

Phone (____) _____

How long have you known the applicant as an employee?: _____

In what capacity? (check all that apply): _____ Employer _____ Supervisor _____ Instructor

Please indicate your evaluation of the applicant with a check mark:

	Excellent	Good	Average	Below Average	Not Observed
Intellectual Ability					
Communication Skills					
Emotional Maturity					
Adaptability					
Team Player					
Dependability					
Conflict Resolution					
Awareness of Limitations					
Reaction to Criticism					
Personal Integrity/Honesty					
Overall Evaluation					

Overall recommendation for admission to the Medical Laboratory Science Program:

- I recommend the applicant with no reservation.
 I recommend the applicant with some reservations.
 I do not recommend this applicant.

Additional comments optional. You may attach a separate sheet.

Signature _____ Date _____

This form must be emailed NO LATER THAN September 6, 2019 to:

rochelle.helminski@phoenixcollege.edu