

**TRINITY HEALTH SYSTEM SCHOOL OF MEDICAL LABORATORY SCIENCE  
PERSONAL LETTER OF RECOMMENDATION FORM**

In compliance with the Family Educational Rights and Privacy Act of 1974, I allow the release of the information herein requested and I \_\_\_\_\_ waive my right to view this evaluation/I \_\_\_\_\_ do not waive my right to view this evaluation.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT PRINTED NAME \_\_\_\_\_ COLLEGE/  
UNIVERSITY \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COLLEGE/UNIVERSITY/COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ SIGNATURE \_\_\_\_\_

I HAVE KNOWN THE APPLICANT FOR \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS IN WHAT CAPACITY \_\_\_\_\_

**PLEASE PLACE A CHECK MARK IN THE BOX THAT BEST DESCRIBES YOUR EVALUATION OF THIS STUDENT:**

	OUTSTANDING	GOOD	AVERAGE	FAIR	POOR	NOT APPLICABLE
Academic potential						
Accuracy of work						
Ability to problem solve						
Oral communication skills						
Written communication skills						
Emotional stability						
Maturity						
Ability to work independently						
Ability to work with others						
Attendance/punctuality						
Initiative						
Integrity/honesty						
Response to constructive criticism						
Sound judgement						
Leadership qualities						

Please offer any additional comments you may have as to whether the applicant should be accepted into the School of Medical Laboratory Science:

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Please check the statement that best describes your recommendation:

\_\_\_\_\_ **Highly recommend without reservation**      \_\_\_\_\_ **Recommend**      \_\_\_\_\_ **Do not recommend**  
 \_\_\_\_\_ **Recommend with confidence**      \_\_\_\_\_ **Recommend with reservation**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed form to: [conniemoore@trinityhealth.com](mailto:conniemoore@trinityhealth.com)  
 Constance L. Moore MEd, MLS (ASCP) <sup>CM</sup>  
 Trinity West School of Medical Laboratory Science  
 4000 Johnson Road  
 Steubenville, OH 43952  
 740-264-8847 phone/740-264-8649 fax