

LETTER OF RECOMMENDATION

UCI DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE CLINICAL LABORATORY SCIENTIST TRAINEE PROGRAM

APPLICANT: This section is to be completed by the applicant.

APPLICANT NAME:	
ADDRESS:	
E-MAIL:	PHONE:

Checking this box, I indicate that I waive my rights to review or read this document.

EVALUATOR: The remainder of this form is to be completed by the evaluator.

- Your evaluation of the applicant will be held in the *strictest confidence* from unauthorized individuals.
- Please do not return this form to the applicant
- This evaluation should be received prior to the program deadline date of **December 31st**.
- When completed, please email this form to cls-training-program@uci.edu

Evaluator:	Title:	
Institution:		
Address:		
Phone:	Email:	Date:

PROFILE - Check (√) the number that best represents your evaluation of the applicant.

	Outstanding 5	4	Average 3	2	Weak 1	N/A
Reliability (intellectual and personal integrity, promptness, conscientiousness)						
Emotional Control (self-control, judgment, consistency, maturity, dependability)						
Social Values (sensitivity to needs of others)						
Industry (drive, initiative, work habits performance, dependability)						
Personality (manners, courtesy, tact, poise)						
Communication skills (comprehension, responsiveness, verbal expression, clarity)						
Laboratory Skills (organization, preparedness, quality of work/reporting)						
Overall suitability as a clinical laboratory trainee						

APPLICANT NAME:

OVERALL EVALUATION: Please include in this section all pertinent information you have regarding the applicant, including your familiarity with the applicant, and the applicant's special strengths and weaknesses, ability to work independently, and attributes.
If you prefer, please email a copy of a letter on letterhead along with this form.