

## Corewell Health MLS Program Recommendation Form

APPLICANT NAME (print or type): \_\_\_\_\_

I waive my right to access this form

I do **NOT** waive my right to access this form

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

The above candidate is being considered for a highly technical & precise profession. It is imperative to know more qualifications than a transcript can reveal. Your assessment is appreciated.

Recommender Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ MONTHS \_\_\_\_\_ YEARS

In what capacity do you know the applicant?

Instructor:  Advisor:  Employer:  Other: \_\_\_\_\_

Please rate this applicant in the following characteristics:

Characteristic	Excellent	Good	Average	Below Average	Cannot Evaluate
Appearance					
Cooperation					
Integrity					
Oral Communication					
Written Communication					
Attitude					
Initiative & Independence					
Punctuality					
Learning Ability					
Comprehension & Correlation					
Imagination & Originality					
Organization					
Work Accuracy					
Competency					
Judgment					
Responsibility					

Highly Recommend:  Recommend:  Do Not Recommend:  Recommend with reservation:

**Please write any additional information that will assist us when considering this applicant below.**

**The recommendation can be submitted via this form and/or as an accompanying a letter as preferred.**

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** Nancy Ramirez, MS, MLS(ASCP)<sup>CM</sup> SH<sup>CM</sup> - Program Director, School of Medical Laboratory Science

**Email Address:** nancy.ramirez@corewellhealth.org