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: School of Medical Laboratory Science
Email Address: MLSProgam@corewellhealth.org