

UW-LA CROSSE CLINICAL LABORATORY SCIENCE (CLS) PROGRAM ADMISSION REFERENCE FORM

To the applicant: Please complete this section of this page and your name on page 2 before sending to the person providing the reference.

WAIVER OF OPTION FOR OPEN OR CLOSED CONFIDENTIAL REFERENCES

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right to review or not review this letter of reference *based on my preference which I have indicated below:*

Non-confidential, open to my review

Confidential, not open to my review

If neither box is checked, the program will assume you have waived access.

Applicant's Name: _____ Applicant's Signature: _____

Address: _____ City/State/Zip: _____

To the person providing the reference: Thank you for your willingness to evaluate and provide information regarding this applicant to the UW-La Crosse Clinical Laboratory Science Program. Your reply is critical because the applicant will not be considered without your appraisal. Please return this form to the Clinical Laboratory Science Program; University of Wisconsin-La Crosse; 1725 State Street, 3002 Cowley Hall; La Crosse WI 54601, or provide it to the applicant in a sealed envelope with your signature over the seal. **The application deadline is February 15.**

How well do you know the applicant? very well fairly well slightly How long have you known the applicant? _____

In what capacity? _____ Has the applicant discussed career goals with you? Yes No

We are anxious to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for clinical laboratory science education and practice. Thus, we request your candid appraisal of this applicant by checking the appropriate rating below, and by providing narrative comments on page 2.

Characteristics	<u>4</u> Out- standing	<u>3</u> Very Good	<u>2</u> Good	<u>1</u> Fair	<u>0</u> Poor	Unable To judge
Punctuality: Ability to meet scheduled times						
Organization: Extent to which applicant effectively plans work and manages time						
Quality of work: Level of thoroughness, accuracy						
Need for supervision: Level of ability to work on own						
Complies with rules/regulations: Ability to follow standards						
Responsibility: Willingness to take on/assume responsibility						
Initiative: Self-starter						
Confidence: Extent to which applicant is confident in his/her judgments and performance						
Ability to work under pressure: Extent to adaptability to stress						
Reaction to constructive criticism: Acceptance and action						
Ability to follow instructions						
Team skills: Ability to work collaboratively with others						
Resourcefulness: Ability to discover new resources and to manage new and current resources skillfully						
Analytical skills: Ability to problem solve, correlate, and process information from multiple sources, and to think critically						

Applicant's Name: _____

Characteristics	-4 Out- standing	-3 Very Good	-2 Good	-1 Fair	0 Poor	Unable To judge
Verbal skills, clarity of expression, articulateness						
Clarity and conciseness of written expression						
Responsiveness: Ability to react to verbal and nonverbal cues of others						
Ethical sensitivity: Awareness and application of relevant ethical principles at school, work, or elsewhere						
Motivation: Depth of commitment to pursuing a career in clinical laboratory science						
Empathy: Sensitivity to the needs of others, consideration, tact						
Creativity: Ability to look at things from multiple viewpoints, generate new ideas						
TOTAL IN EACH COLUMN						

Please provide narrative comments about the applicant with a description of positive or negative attributes. An additional letter may be attached to this form.

Overall recommendation: my highest recommendation without reservation recommend with confidence recommend do not recommend
(Please mark the appropriate box)

Signature: _____

Date: _____ Phone: (_____) _____ - _____

Printed Name: _____

Occupation/Position/Title: _____

Address: _____

City/State/Zip: _____

E-mail: _____