

San Francisco State University
Clinical Laboratory Science Internship Program
Letter of Recommendation Form (page 1 of 2)

A. To be filled out by applicant:

Applicant: _____

Address: _____

Application Deadline Date: _____

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are permitted to waive their right of access to recommendations. The following signed* statement indicates the wish of the applicant regarding this recommendation.

**Accepted: handwritten signature or electronic signature. Not accepted: font signature*

Check one of the following:

_____ I hereby WAIVE my right to inspect the contents of the following recommendation.

_____ I do NOT waive any right to inspect the contents of the following recommendation.

Applicant Signature: _____ Date: _____

B. Evaluation by:

Note: Recommendations from instructors of online courses will not be considered.

Name: _____ Title: _____

Institution/Employer: _____

Address: _____

C. Familiarity with the candidate:

I have known this applicant as a: _____ Professor/Instructor _____ Supervisor _____ Colleague
_____ Other _____

How long have you known this applicant? _____

How well do you know this applicant? _____ Very well _____ Somewhat _____ Not Well

D. Profile: Please rate the applicant using this scale: 5-Outstanding 4-More than satisfactory
3-Satisfactory 2-Needs Improvement 1-Unsatisfactory 0-Not observed

Effective Communication 5 -----4-----3-----2-----1-----0-----
Verbal and/or written

Interpersonal Skills 5 -----4-----3-----2-----1-----0-----
Friendly, cheerful, appropriate.
Cooperates well with others

Professional Appearance 5 -----4-----3-----2-----1-----0-----
Neat, clean, well-groomed

Professional Characteristics 5 -----4-----3-----2-----1-----0-----
Dependable, honest, mature
Eager to learn, motivated
Leadership qualities, respected by others

Work habits 5 -----4-----3-----2-----1-----0-----
Well-organized, self-disciplined

Capacity for Independent Critical Thinking 5 -----4-----3-----2-----1-----0-----
Problem-solving skills

Emotional Stability 5 -----4-----3-----2-----1-----0-----
Reaction to stress, poise, control. Inspires confidence

E. Comments:

F. Academic Record: (Science Instructors)

Course Title _____ Grade _____

Course Title _____ Grade _____

Is the academic record indicative of the applicant's intellectual ability? If no, please explain.

G. Summary Opinion: Please check the category in which you would place this applicant regarding his/her *overall suitability* as a clinical laboratory scientist trainee.

_____ Highly Recommend _____ Recommend with reservation

_____ Recommend without reservation _____ Do not recommend

Signature _____ **Date** _____

Evaluator: Please sign and return this form in a sealed envelope (with your signature across the flap of the envelope) by the application deadline listed on page 1 to:

Program Director
CLS Internship Program/PT/CHSS
S.F. State University - Science Room 202 1600 Holloway Avenue
San Francisco, CA 94132

Note: All evaluations will be held in strictest confidence and distributed only to program officials. Emailed or faxed submissions *will not* be accepted.