

**San Francisco State University**  
**Clinical Laboratory Scientist 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.

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

<b>Work habits</b> Well-organized, self-disciplined	5 -----4-----3-----2-----1-----0-----
<b>Capacity for Independent Critical Thinking</b> Problem-solving skills	5 -----4-----3-----2-----1-----0-----
<b>Emotional Stability</b> Reaction to stress, poise, control. Inspires confidence	5 -----4-----3-----2-----1-----0-----

**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.