



**Carolinan College of Health Sciences**  
**School of Clinical Laboratory Science**  
**Medical Laboratory Science Program**

**Reference Form for Applicants:**

**To the Applicant:**

*Three references using the Carolinas College of Health Sciences forms may be from the college instructors, employers or college advisors. References must be from a person who resided in the United States.*

1. For each reference, complete the student information in Section I, reading the waiver options carefully. Be aware that some individuals will complete a reference only if you have waived the right of access.
2. Provide each selected reference with a form and an envelope. Inform the reference of the date needed. Collect completed references in sealed envelopes and mail back to the College along with completed application and official transcripts (also in seal envelopes).

If you are unable to collect completed references to be sent back with application, then provide reference with a stamped envelope preaddressed to the College. If the references are mailed separately, follow up to see if they have done so by the deadline.

**To The Reference:**

**SECTION I**

Applicant Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Applicant's undergraduate school: \_\_\_\_\_ Applicant's phone: \_\_\_\_\_

Under provisions of the Family Education Rights and Privacy Act as amended, you have the right to access the contents of this reference form once enrolled as a student at this college. You also have the option of waiving this right. Please indicate your preference by selecting one of the options provided, signing and dating this form.

I WAIVE my right to access the contents of this reference form and authorize my reference to provide the Carolinas College of Health Sciences with information that may be required in support of my application.

I do NOT waive my right to access the contents of this recommendation form, but I authorize my reference and his/her institution to provide the Carolinas College of Health Sciences with information that may be required in support of my application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This applicant seeks a position in our School of Clinical Laboratory Sciences Medical Laboratory Science Program. The information you provide will be used to supplement the applicant's academic record and will aid us in the selection process. Please return this form in the stamped, addressed envelope provided by the applicant. Your candid assessment is appreciated and is required to complete the application process. Mail the completed reference form to:

Admissions Department  
Carolinan College of Health Sciences  
1200 Blythe Blvd  
Charlotte NC 28203  
704-355-5043 or Fax 704-355-9336



Applicant Name \_\_\_\_\_

Please rate the applicant in each category below by placing an "X" in the appropriate column.

<b>Characteristics</b>	Out-standing	Above Average	Average	Poor
This data is numerically summarized. All categories <b>MUST</b> be rated.	(0.5)	(0.4)	(0.2)	(0.1)
<b>1. Work Performance:</b> Industrious, performs work promptly, independently, and thoroughly.				
<b>2. Judgment:</b> Critically and reliably evaluates facts, uses common sense.				
<b>3. Laboratory/Work Skills:</b> Has good manual dexterity, organizes work, and is neat.				
<b>4. Originality:</b> Demonstrates initiative and resourcefulness; uses imagination and is not stereotyped in thinking.				
<b>5. Written Communication:</b> Expresses self well in writing.				
<b>6. Oral Communication:</b> Expresses self well verbally.				
<b>7. Developmental Potential:</b> Appears to have potential for professional growth.				
<b>8. Leadership:</b> Has capacity to assume responsibility and organize work.				
<b>9. Adaptability:</b> Has ability to assume new or changing conditions and accepts them constructively.				
<b>10. Poise &amp; Self Control:</b> Contributes knowledge or opinion in a mature manner.				
<b>11. Interpersonal Relations:</b> Works well with others toward a common goal.				
<b>12. Dependability:</b> Works well with limited supervision, is responsible, accurate and precise.				
<b>13. Attendance &amp; Punctuality:</b>				
<p>Note: This form is numerically averaged. Leaving any item un-rated will penalize the applicant. If you cannot rate an applicant in all areas, please use an average based on other areas of assessment or decline completion of reference.</p>				
<p>Additional Comments:</p>				



\_\_\_\_\_  
Applicant Name

## **Section II**

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

Instructor     Employer     Academic Advisor

The student is pursuing a professional career program. Which best describes your response to this applicant's pursuit of a responsible position as a medical laboratory scientist:

- Highly Recommend (2.5)**
- Recommend (2.0)**
- Recommend with Reservations (0)**
- Do Not Recommend (0)**

Evaluator: Please PRINT your name: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Position/Title: \_\_\_\_\_

Evaluator's Address: \_\_\_\_\_

Evaluator's Phone Number: \_\_\_\_\_

Evaluator's Email: \_\_\_\_\_