



SINAI HOSPITAL
Stevenson University
Medical Laboratory Science
RECOMMENDATION FORM

TO THE APPLICANT:

1. Read your rights provided by the Family Educational Rights and Privacy Act of 1974 on the Stevenson University website (www.stevenson.edu). The student must **initial** one of the following statements and **sign** this form **BEFORE** submitting it to the evaluator. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).
2. **Send** an electronic copy of this **signed** Recommendation Form to the person who will offer recommendation on your behalf. This recommendation form is required for a complete application.

I have read the summary of the Family Education Rights and Privacy Act on the Stevenson University website. I understand that federal legislation provides me with a right of access to confidential letters of evaluation relating to applications for admission to another school, for a job, or for an award, and that no school or person can require me to waive this right. In connection with my application to the Medical Laboratory Science program:

- _____ **I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.**
- _____ **I retain my right of access to this letter of evaluation.**

 STUDENT E-SIGNATURE

 DATE

TO THE EVALUATOR:

1. Please give your impression of the applicant by placing an **X** in the most appropriate boxes in the chart below and sign electronically at the bottom of this form.
2. Additionally, provide a typed assessment of the applicant’s strengths, weaknesses and any characteristics that would help the Admissions Committee evaluate his/her potential to succeed in a Medical Laboratory Science program.
3. Submit this completed form with attached assessment via email to Lara Biagiotti, Clinical Education Technologist at lbiagiot@lifebridgehealth.org

Applicant Characteristics	Excellent (Top 10%)	Above Average (Top 10-25%)	Average (Top 25-50%)	Below Average (Bottom 50%)
Analytical ability				
Breadth of general knowledge				
Ability to express self orally				
Writing ability				
Perseverance				
Emotional maturity/ Judgment				
Organizational skills				
Manual dexterity				
Overall Academic Potential				

E-SIGNATURE: _____

DATE: _____

TITLE & COURSE: _____

INSTITUTION: _____

Please provide a typed assessment of the applicant's strengths, weaknesses and any characteristics that would help the Admissions Committee evaluate his/her potential to succeed in a Medical Laboratory Science program. This assessment can be typed below or sent under separate cover.