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| C:\Users\q39w434\Downloads\Vertical M-pulse Logo.tif | logo example 6 | ***msulogo*** |  |  |

**Montana Medical Laboratory Science**

**Professional Program**

109 Lewis Hall, MSU

Dept. MCB

PO Box 173520

Bozeman, MT 59717-3520

## Applicant Evaluation Form

***To be completed by the Applicant.***

Applicant Name (Last, First, Middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby waive my right to have access to the evaluation form completed for the Montana Medical Laboratory Science Professional Program:

\_\_\_\_\_\_Yes, I waive my rights. \_\_\_\_\_No, I do not waive my rights.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Below is to be completed by the Referee.***

Name of Referee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment/Academic Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your relationship with the applicant, and how well do you know them? If you instructed the applicant, briefly describe the course(s).

2. Listed below are some desirable qualities of a Medical Laboratory Scientist. Please rate the applicant on these items:

**Excellent Above Average Below Do Not**

**Average Average Know**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Initiative (promptness, perseverance, resourcefulness)** |  |  |  |  |  |
| **Sense of Responsibility** |  |  |  |  |  |
| **Ability to Work Independently (self-discipline)** |  |  |  |  |  |
| **Ability to Work with Others (cooperation)** |  |  |  |  |  |
| **Motivation (seriousness, interest, commitment)** |  |  |  |  |  |
| **Integrity** |  |  |  |  |  |
| **Manual Dexterity** |  |  |  |  |  |
| **Curiosity and Imagination** |  |  |  |  |  |
| **Ability to Accept Constructive Criticism** |  |  |  |  |  |
| **Maturity (common sense, ability, and foresight in making decisions)** |  |  |  |  |  |
| **Emotional Stability (ability to cope with obstacles and delays)** |  |  |  |  |  |
| **Leadership Potential** |  |  |  |  |  |
| **Ability to Communicate (oral and written expression)** |  |  |  |  |  |
| **Personal Appearance (neatness, grooming)** |  |  |  |  |  |
| **Ability to Adjust to New Situations** |  |  |  |  |  |

3. Please answer the following to the best of your ability: What strengths or weaknesses does the applicant have?

4. If desired, please provide additional pertinent information regarding the applicant's abilities and potential for success in a Medical Laboratory Science program.

**OVERALL EVALUATION**

Recommended as Outstanding  Recommended, but with reservation

Strongly recommended  Do not recommend

Recommended

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference forms may be emailed to:

[alison.mizner@montana.edu](mailto:alison.mizner@montana.edu)