

**SCHOOL OF MEDICAL LABORATORY SCIENCE  
APPLICATION FOR ENROLLMENT**

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**LETTER OF RECOMMENDATION  
STUDENT WAIVER**

*Please print:*

**Applicant Name:** \_\_\_\_\_

**Evaluator Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Instructions for the Evaluator:

The above named applicant has requested that you submit a letter of recommendation in support of their application to the School of Medical Laboratory Science at Pennsylvania Hospital. Your evaluation will remain confidential if statement "A" below is selected by the applicant.

THE APPLICANT MAY WAIVE THE RIGHT OF ACCESS TO WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE FAMILY EDUCATION AND PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING EITHER STATEMENT "A" OR "B" BELOW.

- A. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- B. I do not waive my right of access to the confidential evaluation provided by the person named above, and he/she should be notified that I retain my right of access. Thus, the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**The following traits are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development in Medical Laboratory Science. Indicate your appraisal of the applicant on a scale of 1-5, in which 5 indicates the trait is excellent. The alternate words in parenthesis may not correlate with the trait for this individual; if they do not, please circle the ones that do not correlate and explain why on the lines provided for "Explanations".**

5 = Excellent

4 = Above Average

3 = Average

2 = Below Average

1 = Unsatisfactory

N/A = Unable to Evaluate

- |   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| 1. Interpersonal relationship skills (cooperative, leadership potential, inclusive) | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Character (trustworthy, responsible, respectable, accountable)                   | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Communication skills (articulate, grammatical, attentive, active listener)       | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Industry (diligent, good organizer, initiative)                                  | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Judgement (moral, ethical, realistic)  | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Knowledge of profession (opportunities, challenges, responsibilities)            | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Maturity (self-discipline, responsive to feedback)                               | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Motivation (driven to succeed, commitment)                                       | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. Personality (patient, warm, positive)  | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. Personal appearance (neat, appropriate)   | 5 | 4 | 3 | 2 | 1 | N/A |
| 11. Psychomotor skills (agile, coordinated, dexterous)                              | 5 | 4 | 3 | 2 | 1 | N/A |
| 12. Dependability (reliable, prompt, punctual)                                      | 5 | 4 | 3 | 2 | 1 | N/A |

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**Explanations:**

**Comments:**

Please include any additional strengths and/or weaknesses of this candidate pertinent in the evaluation of this applicant (additional information may be sent in an accompanying letter).

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

Please return this form (mail or e-mail) promptly to:

**Derick Lim, MS, SC(ASCP)<sup>CM</sup>, MLS(ASCP)<sup>CM</sup>**  
**Program Director**  
**School of Medical Laboratory Science**  
**Pennsylvania Hospital**  
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**Philadelphia, PA 19107**  
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