

**San Francisco State University
Clinical Laboratory Scientist Internship Program
Letter of Recommendation Form (page 1 of 2)**

(First three lines to be completed by applicant - Please type)

Applicant _____

Address _____

Application Deadline Date _____

Evaluator: Please complete the remainder of this form and mail (or fax to 415-338-7747) by the application deadline listed above to:

**Program Director
CLS Internship Program/PT/CHHS
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.

A. Evaluation by:

Name _____

Title _____

Institution/Employer _____

Address _____

B. Familiarity with the candidate:

C. Profile: Please evaluate as *Excellent, Average* or *Poor*

	Excellent	Average	Poor	Comments
Reliability				
Motivation				
Initiative				
Intellectual Curiosity				
Judgment				
Leadership				
Oral Communication Skills				
Written Communication Skills				

D. Academic Record: (Science Instructor Please Evaluate)

Course Title _____ Grade _____ Rank _____

Course Title _____ Grade _____ Rank _____

Is the academic record indicative of the applicant's intellectual ability?
If no, please explain.

E. Summary Opinion: Please check the category in which you would place this applicant regarding his/her *overall suitability* as a clinical laboratory scientist trainee.

_____ Outstanding - A person who appears only once every few years.

_____ Well above average - Probably in the upper 1/4 of applicants I have known.

_____ Average

_____ Below Average - Probably in the lower 1/4 of applicants I have known.

_____ Very poor. I cannot recommend this applicant.

F. Comments:

Signature _____ **Date** _____