



SAINT VINCENT HEALTH CENTER
 232 West 25 Street
 Erie, Pennsylvania 16544
 814/452-5365

School of Medical Technology
Personal Letter of Recommendation Form

In compliance with the Family Educational Rights and Privacy Act of 1974, I approve the release of the information requested and I:

- Waive my right to view this evaluation
- Do not waive my right to view this evaluation

Applicant's Signature _____ Date _____

Applicant's Name _____ Applicant's Home
 College/University _____

Your Name: _____ Title: _____

College / University / Company: _____

Address: _____

Telephone Number: _____ Email: _____

Signature: _____

I have known the applicant for _____ months / years as: _____

	Exceptional	Good	Acceptable	Fair	Poor	No basis for evaluation
Academic potential						
Accuracy of work						
Problem solving ability						
Interest in the sciences						
Demonstrated careful selection of major						
Spoken communication						
Written communication						
Emotional stability						
Personal maturity						
Ability to work independently						
Ability to work with others						
Attendance and punctuality						
Sense of responsibility						
Personal initiative						
Capacity for good judgment						
Integrity and honesty						
Response to constructive criticism						
Leadership potential						

