

**ROCHESTER GENERAL HOSPITAL
CLINICAL LABORATORY TECHNOLOGY PROGRAM**

Attention: Nancy C. Mitchell, MS, MT(ASCP), DLM
1425 Portland Avenue | Rochester, NY 14621 | 585.922.4274 | nancy.mitchell@rochesterregional.org

Letter of Recommendation

1. I, _____ XXX-XX-_____ Voluntarily Waive Do Not Waive
Applicant's Name Last Four Digits of SS#
 my right under the Family Education Rights and Privacy Act of 1974, to review or examine this letter of recommendation (check appropriate box above).

2. To the Recommender:
 The person whose name appears above has applied to the RGH Clinical Laboratory Technology Program. The Admissions Committee would appreciate your candid appraisal of the applicant. How long, and in what capacity, have you known the applicant?

Please assess the applicant relative to other students/employees whom you have known in a similar capacity:

	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top 1/3)	Fair (Middle 1/3)	Poor (Lower 1/3)	Unable to Judge
Intellectual Ability						
Independent Judgment/ Problem Solving Skills						
Ability to work with others						
Ability in written/ oral expression						
Integrity						
Maturity						
Initiative/Originality						
Attendance						
Punctuality/timelines						
Reaction to criticism						
Manual dexterity						
Professional motivation						
Leadership potential						

Please comment on the applicant's primary strengths and/or opportunities for improvement and any other remarks you may feel are pertinent (please use reverse side if needed):

What is your overall recommendation?

Strongly Recommend Recommend Recommend with Reservation Do Not Recommend

Name of Recommender: _____ Position or Title: _____

Signature of Recommender: _____ School or Firm: _____

Business Address: _____ Phone No: _____

Thank you and please return this as soon as possible to the address at the top of this reference form.