

Standardized Reference Form

Reference Deadline: December 1st

Application Period: Aug. 1st through Dec. 1st

To be completed by the student:

Name: _____ College/University: _____
(Last) (First) (Middle)

I have requested _____ to write this recommendation, which will be
(name of reference)
 forwarded to the School of Medical Laboratory Science Admissions Committee.

This reference is to be: **(Student must check one)**

Non-Confidential: I reserve the right to review this form at a later date.
 Confidential: I waive my right under the Family Educational Rights & Privacy Act of 1974 as amended, to inspect and review this form. Additionally, I certify that this waiver has been given voluntarily by me.

Date: _____ Signature: _____
(student)

To be completed by the reference:

- How long have you known applicant? _____ (# of years) _____ (# of months)
- In what capacity? _____
- Rate your assessment of the applicant's performance/ability to meet requirements using the scale below for each of the character traits listed.

Exceptional: Consistently outstanding performance
Above Average: Frequently surpasses requirements
Average: Satisfactory/ meets requirements
Below Average: Improvement needed but progress is being made
Unsatisfactory: Improvement doubtful

	Exceptional	Above Average	Average	Below Average	Unsatisfactory	Not Applicable
ACADEMIC SKILLS						
Competence in Classroom						
Competency in Laboratory						
Writing Ability						
Verbal Ability						
Professional Commitment						
INTERPERSONAL SKILLS						
Motivation and Self-Direction						
Overall Emotional Maturity						
General Reaction to Criticism						
Self-confidence						
Ability to Work With Others						
Organizational Ability						
Attendance						

I feel that this applicant's grades reflect the level of ability. Check the appropriate response.

_____ **Do** _____ **Do not** _____ **N/A** (not applicable)

Please comment on any notable skills, abilities or experience that this applicant may have as well as the applicant's major strengths and weaknesses you may have observed.

Comments in this section are necessary to validate this reference.

4. In summary, I would give this applicant a recommendation of:

Exceptional _____ **Above Average** _____ **Average** _____ **with Reservation** _____

Other Comments: _____

Signature: _____ Date: _____

Name: _____
(Please type or print)

Title/Postion: _____

Institution: _____

(Reference 2022)

Please email or mail reference to:
lmoore@bhs1.org
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Science Berkshire Medical Center
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Pittsfield, MA 01201