The University of Texas Health Science Center at San Antonio School of Health Professions Medical Laboratory Sciences Request for Reference

APPLICANT'S SECTION Applicant's Name				Office (Office use only. Do not write in this box. HSC Badge #		
				—— HSC Badg			
If the evaluator has taugh	t you, give the course and numb	er:					
Course Number	Semester Hours			Grade			
Family Educational Rig Under the provisions of the your name.	hts and Privacy Act of 1974 (nis Act, you have the right to see	(FERPA) recommendation	s for admissio	n. Please choose th	e appropriate p	hrase below and sign	
I Waive Do Not Waive any right of access that I n Applicant's signature				may have to this recommendation form. Date			
0							
REFERENCE'S SECTION							
Reference's Name				Title			
Reference's Address							
Reference's Signature				_ _ Date			
	wn this applicant and in wha						
	ne level. Please check the most a nments may be submitted on a s		Above	Average	Below	No Opportunity	
INTEGRITY - Takes respe	ancibility for hor/hic work:		Average		Average	To Observe	
INTEGRITY – Takes responsibility for her/his work; readily admits mistakes and takes corrective action.							
PROFESSIONALISM – Responds to corrective criticism							
in a positive manner, demonstrates respect for							
colleagues and instructors, and presents a neat and							
appropriate appearance.							
INITIATIVE & MOTIVATION – Prepares for class by							
completing all assigned reading and proceeds on							
her/his own after assigned work is given. PSYCHOMOTOR SKILLS – Exhibits manual dexterity,							
eye-hand coordination, and is able to produce results							
with precision and accuracy.							
COMMUNICATION SKILLS – Expresses thoughts clearly							
and is able to interact and relate with colleagues and							
instructors.							
ORGANIZATIONAL SKILLS – Is able to complete							
assigned tasks in a reasonable amount of time in an efficient and organized manner, records data legibly							
and accurately, and maintains a clean and orderly							
work area.							
Overall Recommendation Highly recommend the Recommend this approximates Recommend with research Explain Do not recommend	licant	tatement:					

We would appreciate your written comments on this applicant. They will be carefully considered by the Admissions Committee and will play a key role in our evaluation. Please describe the particular talents, strengths and weaknesses of the applicant as they could relate to their study. If you have worked with the applicant on any special project, please give an evaluation of her or his performance. Any favorable or unfavorable indications of individual research potential and comments on the ability of the applicant to do independent and creative work are especially useful. We thank you in advance for your evaluation. Please return this form to: The University of Texas Health Science Center at San Antonio Office of the Registrar - MSC 7702 7703 Floyd Curl Drive San Antonio, Texas 78229-3900

FAX (210) 567-2685