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

APPLICANT'S SECTION Applicant's Name			Office use only. Do not write in this box. HSC Badge #			
Course Number Semester Hours			Grade			
Family Educational Rights and Privacy Act of 1974 (Under the provisions of this Act, you have the right to see your name. I □ Waive □ Do Not Waive	recommendation any right of acc	cess that I n	nay have to this red	commendation	n form.	
Applicant's signature				Date		
REFERENCE'S SECTION						
Reference's Name			Title			
Reference's Address			Phone ()		
Reference's Signature			Date			
How long have you known this applicant and in wha						
For the categories listed below, a list of representative tra other students of the same level. Please check the most a the back of this form. Comments may be submitted on a s	ppropriate box for separate page.	r each catego	ory, and include a sho	ort narrative in t	he space provided on	
	Exceptional	Above Average	Average	Below Average	No Opportunity To Observe	
INTEGRITY – Takes responsibility for her/his work;		<u>J</u>		J J		
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 Personmendation short the agreement to	tatamenti					
Overall Recommendation – check the appropriate s	tatement.					
☐ Highly recommend this applicant						
□ Recommend this applicant						
□ Recommend with reservations						
Explain □ Do not recommend						
שט ווטג ופגטוווווופווע ווע ווענווע ווענווע וועניווע וועניוער וועניוער וועניוער וועניוער וועניוער וועניי						

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