

**NORTHERN ILLINOIS UNIVERSITY  
SCHOOL OF ALLIED HEALTH & COMMUNICATIVE DISORDERS  
PROGRAM IN MEDICAL LABORATORY SCIENCES**

**REQUEST FOR LETTER OF RECOMMENDATION**

**INSTRUCTIONS TO THE EVALUATOR:**

The below-named person is applying for admission to the MEDICAL Laboratory Sciences Program at Northern Illinois University. Please evaluate the candidate's performance and potential as it applies to the field of medical laboratory sciences. Your comments will be used by the program officials to help them better assess the candidate's qualifications. Your cooperation is appreciated in completing and returning this form directly to the **Medical Laboratory Sciences Program** so that it is received no later than the due date for the respective application period. Please e-mail letter of recommendation to: [mlsadmissions@niu.edu](mailto:mlsadmissions@niu.edu)

**Application period:** \_\_\_\_\_ Feb 1 \_\_\_\_\_ May 1

**Name of Applicant** \_\_\_\_\_ **Student Z-ID #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone # (include area code)** \_\_\_\_\_

**Date Given to Evaluator** \_\_\_\_\_

Pursuant to federal law a student admitted to our Program in Medical Laboratory Sciences is entitled to inspect this evaluation in his/her file, unless the student has signed a waiver of this right of access. Students submitting names of individuals for letters of recommendation are free to determine whether or not they wish to waive their potential right to examine such evaluations. Please consult the box below to determine if such a waiver has been granted.

**APPLICANT WAIVER**

The Family Educational Rights and Privacy Act permits us to request, but not require that you waive your right to inspect this evaluation. The right, which we request that you waive, would apply if you were an enrolled student at this school and if the evaluation was maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this Program in Medical Laboratory Sciences.

I hereby waive my right to examine the contents of this evaluation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Type name)

I wish to retain my right to examine the contents of this evaluation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Type name)

# EVALUATION OF STUDENT'S PERFORMANCE AND POTENTIAL

1. How long have you known the applicant and in what capacity?

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2. Would you recommend this applicant for a career in medical laboratory science? (CHECK ONE.)  
If you would not, or would do so with reservation, please explain your reasoning.

Strongly and without reservation

With reservation\*

With confidence

I do not recommend\*

\*Comments: \_\_\_\_\_

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3. Additional comments by evaluator (Include strengths and weaknesses).

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(Evaluation continued on next page)

## EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL (cont.)

Please check the box that you feel best characterizes the applicant's abilities.

Ability	Consistently > 75% of the time (4)	Frequently 50-75% of the time (3)	Occasionally 25-50% of the time (2)	Barely < 25% of the time (1)	Unable to Observe
<b>1. Lab performance:</b> Organizes work logically and for efficiency; does work promptly, independently, and thoroughly					
<b>2. Judgment:</b> Critically and reliably evaluates facts; uses good common sense					
<b>3. Initiative:</b> Completes assignments; seeks direction when needed; sees what needs to be done and takes appropriate action					
<b>4. Written communication:</b> Expresses written ideas clearly using proper English					
<b>5. Oral communication:</b> Expresses verbal ideas clearly using correct English					
<b>6. Development potential:</b> Appears to have potential for professional growth					
<b>7. Leadership:</b> Has ability to assume responsibility; organizes team projects; promotes collegiality; is accountable for performance					
<b>8. Problem solving ability:</b> Uses logical thought processes; is able to transfer learning from one situation to another					
<b>9. Adaptability:</b> Has ability to evaluate new or changing conditions; displays ability to accept criticism and profits from suggestions; readily admits mistakes and takes immediate steps to correct them					
<b>10. Interpersonal relations:</b> Works well with others in a team sense; communicates in a mature manner; cooperates and interacts appropriately with peers and authoritative figures, e.g., faculty					
<b>11. Attendance/punctuality:</b> Arrives on time and prepared for class					
<b>TOTAL</b>					

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Type name)

Please **PRINT** Evaluator's Name: \_\_\_\_\_

Please **PRINT** Evaluator's Title: \_\_\_\_\_

College/University/Institution & Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: (     ) \_\_\_\_\_