



**STUDENT WORK RECOMMENDATION FORM**

NAME OF STUDENT (Please print name in full): \_\_\_\_\_

**I. PERSONAL APPRAISAL**

A. How long have you known this applicant? ( ) less than 1 year ( ) 2-3 years ( ) 3 or more years

In what capacity? ( ) Manager ( ) Supervisor

B. Write a letter of recommendation on applicant with content of at least five (5) characteristic guidelines listed below in comparison to other workers in your department/firm.

**Letter of Recommendation Guidelines**

- Punctuality:** Ability to meet scheduled times
- Organization:** Extent to which applicant effectively plans and manages work and time
- Quality of Work:** Level of completeness, accuracy
- Complies with rules/regulations:** Ability to follow rules
- Ability to work under pressure:** Multitasking and adaptability to stress
- Responsibility:** Willingness to take on/assume responsibility
- Reaction to constructive criticism:** Acceptance and action
- Team Skills:** Ability to work collaboratively with others
- Empathy:** Sensitive to the needs of others
- Initiative:** Self-starter
- Motivation:** Depth of commitment to performing well at work
- Need for Supervision:** Level of ability to work alone

C. Overall recommendation of applicant to the MT program:

_____ Highly Recommended	_____ Recommended with Reservations
_____ Recommended	_____ Not Recommended

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**PERMISSION TO RELEASE PERSONALLY IDENTIFIABLE AND/OR  
WAIVER OF RIGHT TO INSPECT OR REVIEW CONFIDENTIAL LETTER OF RECOMMENDATION  
(FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED)**

I, \_\_\_\_\_, ( ) do ( ) do not hereby waive and renounce all right of access, including those established by the Family Education Rights and Privacy Act of 1974, to any letter or letters of reference or confidential letters of recommendation to be hereafter written in my behalf by:

\_\_\_\_\_ (Name of person asked to write recommendation)

Furthermore, I grant the above named person permission to release specific and personally identifiable information about me from my educational record in order that he/she may fulfill my request to write a letter of recommendation. He/she may release to the party or parties named below:

- ( ) any such information he/she may release, or
- ( ) only the information listed on the reverse side.

The above named person may also release the information verbally to the party or parties listed below.

This waiver is not operative and becomes null and void if at any time said letter or letters of reference or confidential recommendations are used for any purpose other than these which are specifically intended. My specific intention is:

- ( ) respecting admission to an educational agency or institution
- ( ) other (specify): \_\_\_\_\_

Such a letter of reference of confidential recommendations with this form is to be sent to: Program Director, School of Medical Laboratory Science indicated below:

\_\_\_\_\_ Comanche County Memorial Hospital Lab; Stacey Paryag-Stevens, MPA, AHI(AMT), MLS(ASCP)<sup>CM</sup>; Program Director; 3401 West Gore Boulevard, Lawton, OK 73505; Phone: (580) 704-7650 Fax: (580) 585-5462 Email: stacey.paryag@ccmhhealth.com

\_\_\_\_\_  
Signature of Waiving Party (Applicant)

\_\_\_\_\_  
Date