

**Mississippi Baptist Medical Center
School of Medical Laboratory Science
1225 North State Street
Jackson, MS 39202**

ADMISSION REFERENCE EVALUATION FORM

PART I: Instructions to Applicant:

Applicant should complete Part I & give to reference for completion of Part II. References should come from three individuals who can speak to your academic, clinical and/or employment experiences. Please include at least two science instructors.

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

Street _____ City _____ State _____ Zip _____

You may waive the right of access to written evaluations as provided for under the Family Educational and Privacy Act of 1974. Designate your wishes below.

_____ *I hereby waive my right of access to the evaluation provided by the person named below and he/she should be hereby notified that the confidentiality of the evaluation is preserved.*

_____ *I do not waive my right of access to the confidential evaluation provided by the person named below, and he/she should be notified that I retain my right of access. Thus the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.*

Signature of applicant: _____ Date: _____

Instructions to Reference:

The above-named applicant has applied for admission to the School of Medical Laboratory Science at Mississippi Baptist Medical Center & has requested that you evaluate him/her as a candidate. We would appreciate your objective assessment of the applicant. Your recommendation will assist us in our selection of applicants for acceptance into the program. In order to complete the applicant's file, please send the completed form to:

Jennifer Knight, Program Director
School of Medical Laboratory Science
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Fax: 601-974-6286
Email: jknight@mbhs.org

Name of Reference _____ Position/Title _____ Organization/School _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Email _____ Relationship to Applicant _____

How long have you known the applicant? _____

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Please consider the following characteristics & rank the applicant based on the scale below. Place a checkmark in the box under the appropriate rating.						
5 = Outstanding; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Unsatisfactory; NA = Not observed						
	5	4	3	2	1	NA
Knowledge & interest in Medical Laboratory Science						
Intellectual ability						
Motivation & perseverance						
Personality						
Maturity						
Character & judgment						
Quality of work						
Planning skills						
Problem-solving skills						
Interpersonal relationship skills						
Ability to verbally communicate with others						
Ability to communicate in writing						
Ability to work with others						
Attitude toward constructive criticism						
Ability to work independently						
Punctuality & attendance						

Please comment on any outstanding characteristics of the applicant or write any remarks concerning this applicant we should take into consideration.

Please indicate your overall recommendation:

- | | |
|---|--|
| <input type="checkbox"/> Recommend enthusiastically | <input type="checkbox"/> Recommend with confidence |
| <input type="checkbox"/> Recommend with reservation | <input type="checkbox"/> Do not recommend |

Signature of Reference

Position/Title

Date