MLS PROGRAM
Recommendation Form

Section I: To be completed by the applicant:

Applicant Full Name: _________________________________________________

The following request is in compliance with the federal Family Educational Rights and Privacy Act.

_____ I waive my right of access to this recommendation.

_____ I do not waive my right of access to this recommendation.

I understand that my selection is not a condition of admission to the Medical Laboratory Science Program at the University of Kentucky.

Signature of Applicant: _________________________________  Date: ___________________

Section II: To be completed by the recommender:

The person named above is applying for admission to the Medical Laboratory Science Program in the College of Health Sciences at the University of Kentucky. Please complete this form and the brief evaluation.

Name: __________________________________________

Employer: ____________________________________________________________________

Position: __________________________________________

How long and in what capacity have you known the applicant:

______________________________________________________________________________
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<th></th>
<th>Excellent</th>
<th>Average</th>
<th>Poor</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>Communication Skills</td>
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<td>Integrity</td>
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<td>Cooperation</td>
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<td>Critical thinking and problem solving skills</td>
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<td>Initiative</td>
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<td>Intellectual Capacity</td>
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<td>Leadership Potential</td>
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<td>Reliability</td>
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Additional Remarks:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature: ________________________________ Date: __________________

Please place your evaluation in a sealed envelope and sign your name across the seal. Then give the sealed and signed envelope to the applicant to submit with their application packet. Or mail to:

Office of Student Affairs, College of Health Sciences
900 South Limestone Street, Wethington Bldg., Rm 111,
Lexington, KY 40536-0200