



FOR THOSE WITH A PASSION TO GET AHEAD

# CLINICAL LABORATORY SCIENCE RECOMMENDATION FORM

(TO BE FILLED OUT BY THE APPLICANT, PLEASE PRINT)

Please visit our Clinical Laboratory Science webpage, <https://www.mercy.edu/degrees-programs/bs-clinical-laboratory-science> to determine program specific requirements.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**CWID#**

\_\_\_\_\_  
**Email:**

Under the federal Family Educational Rights and Privacy Act of 1974, as amended, (PL 93-380) students entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or deadline to do so. The College does not require that you make such a waiver as a condition for admission.

I waive my right to access this recommendation.

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

I HEREBY AUTHORIZE

\_\_\_\_\_

TO COMPLETE THIS RECOMMENDATION, WITH THE UNDERSTANDING THAT THE INFORMATION WILL BE KEPT CONFIDENTIAL.

APPLICANT'S STUDENT SIGNATURE

DATE (MONTH/DAY/YEAR)

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NAME OF REFERENCE

REFERENCE ORGANIZATION

\_\_\_\_\_

\_\_\_\_\_

REFERENCE ADDRESS

REFERENCE TELEPHONE NUMBER

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

**TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION**

The student above is applying for admission to the Mercy College Clinical Laboratory Science Program and has selected you to provide a reference. Please respond to the following on the applicant's behalf.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

HOW WELL DO YOU KNOW THE APPLICANT?

VERY WELL  FAIRLY WELL  NOT WELL

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

PLEASE DESCRIBE THE QUALIFICATIONS, TRAITS, STRENGTHS, OR ACCOMPLISHMENTS YOU FEEL ARE SIGNIFICANT IN DEMONSTRATING THE APPLICANT'S ABILITY TO COMPLETE THE CLINICAL LABORATORY SCIENCE PROGRAM. PLEASE ADD A SEPARATE SHEET OF PAPER IF NECESSARY.

ARE THERE ANY CONCERNS THAT MAY LIMIT THE APPLICANT'S SUCCESS IN COMPLETING THE CLINICAL LABORATORY SCIENCE PROGRAM?

IN COMPARISON WITH OTHER STUDENTS YOU HAVE TAUGHT, OR OTHER EMPLOYEES WITH WHOM YOU HAVE WORKED OR SUPERVISED, HOW DO YOU RATE THE APPLICANT ON THE FOLLOWING CHARACTERISTICS? PLEASE CHECK THE APPROPRIATE BOX.

| CHARACTERISTIC                                   | OUTSTANDING | VERY GOOD | GOOD | AVERAGE | BELOW AVERAGE | NOT OBSERVED |
|--|-------------|-----------|------|---------|---------------|--------------|
| CRITICAL THINKING AND ANALYTICAL SKILLS          |             |           |      |         |               |              |
| LEADERSHIP CAPABILITY                            |             |           |      |         |               |              |
| EMOTIONAL STABILITY AND MATURITY                 |             |           |      |         |               |              |
| ABILITY TO WORK IN A TEAM, COLLABORATIVE ABILITY |             |           |      |         |               |              |
| SPEAKING SKILLS                                  |             |           |      |         |               |              |
| WRITING SKILLS                                   |             |           |      |         |               |              |
| INTERPERSONAL SKILLS                             |             |           |      |         |               |              |
| ABILITY TO WORK INDEPENDENTLY                    |             |           |      |         |               |              |
| ORGANIZATIONAL SKILLS                            |             |           |      |         |               |              |

PLEASE INDICATE THE CONFIDENCE WITH WHICH YOU WOULD OR WOULD NOT RECOMMEND THE APPLICANT FOR ADMISSION TO MERCY COLLEGE'S CLINICAL LABORATORY SCIENCE PROGRAM.

STRONGLY RECOMMEND  RECOMMEND  RECOMMEND WITH RESERVATIONS  NOT RECOMMEND

SIGNATURE

DATE (MONTH/DAY/YEAR)

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NAME (PLEASE PRINT)

TITLE

ORGANIZATION

BUSINESS TELEPHONE NUMBER

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ADDRESS

EMAIL

Please return this letter in a sealed envelope that you have signed across the seal.

**PROF. MICHELLE NAYLOR  
 MERCY COLLEGE  
 CLINICAL LABORATORY SCIENCE  
 PROGRAM  
 555 BROADWAY  
 DOBBS FERRY, NY 10522**