



Jersey Shore University Medical Center
Florence M. Cook School of Medical Laboratory Science
1945 Corlies Avenue
Neptune, New Jersey 07754
732-776-4603

Internship Recommendation Form

Notice to Applicant: Please complete this section and forward this form to the individual who will serve as your reference. You should also provide the individual with an envelope in which to seal this recommendation, placing their signature along the envelope flap prior to giving it back to you to include in your Application Packet.

Applicant: _____
 (please print or type) (Last name) (First Name) (Middle name or initial)

Confidentiality: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, and this school's guidelines permit enrolled students access to letters of recommendation retained in their files. The applicant may waive this right to access, in which instance, retained letters will be considered confidential and will typically not be available to students. If you wish to waive your rights to review the content of this letter of recommendation, please indicate by signing your name on the line below. (This waiver is not required as a condition for admission.)

Signature: _____ Date: _____

Dear Recommender:

The above applicant is being considered for training in medical laboratory science, a highly technical and precise profession requiring dedication to studies and the utmost personal integrity. The Florence M. Cook School of Medical Laboratory Science places great emphasis on the importance of testimony of those qualified to offer candid and honest assessment concerning the qualifications of the applicant.

Please return this completed document to the applicant in a sealed envelope, with your signature across the sealed flap. (If you would prefer to not give this form directly to the applicant, please mail to the address noted above.) Thank you.

Recommender Name: _____ Title: _____

College/Company: _____ Phone: () _____

Address: _____

How long have you known the applicant ? _____ months/years. In what capacity ? _____

Check (✓) as applicable to this applicant.

Characteristics	Exceptional	Above average	Average	Below average	Poor	No basis for evaluation
Academic history						
Academic potential						
Oral communication skills						
Written communication skills						
Ability to work independently						
Ability to work with others						
Attendance & punctuality						
Sense of responsibility & reliability						
Problem solving ability						
Work quality and accuracy						
Ability to complete tasks on time						
Initiative in learning or tasks						
Response to constructive criticism						
Level of personal motivation						
Leadership potential						
Personal integrity and honesty						
Emotional stability when under stress						
Maturity (relationships, decision making)						
Personal appearance						

➤ Please use the reverse side for additional comments.