



Hackensack  
Meridian Health  
Jersey Shore University  
Medical Center

**Jersey Shore University Medical Center**  
**Florence M. Cook School of Medical Laboratory Science**  
**1945 Route 33, Box 167**  
**Neptune, New Jersey 07753**  
**732-776-4603**

**Program Recommendation Form**

**Notice to Applicant:** Please complete this section and forward this form to the individual who will complete this recommendation. You should also provide the individual with an envelope in which to seal this recommendation. In addition, have him/her place his/her signature along the envelope flap prior to delivering it back to you, then include it 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: \_\_\_\_\_

**Completing this Recommendation:**

The above applicant is applying to the Florence M. Cook School of Medical Laboratory Science. Admission to this clinical internship program requires highly qualified applicants since the profession of a Medical Laboratory Scientist is highly technical and precise. Your candid and honest assessment of this applicant will be greatly appreciated by the Admissions Committee. 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.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

College/Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ (circle one: 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						
Sense of responsibility and reliability						
Problem solving ability						
Work quality and accuracy						
Ability to complete tasks on time						
Response to constructive criticism						
Level of personal motivation						
Leadership potential						
Personal integrity and honesty						
Emotional stability when under stress						
Maturity level (i.e., decision making)						
Interpersonal skills						
Personal appearance						

Please use the reverse side for additional acknowledgements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_