MERCY UNIVERSITY
School of Health
and Natural Sciences

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/academics/programs/clinical-laboratory-science to determine program specific requirements.

_____

First Name

_____

Last Name

_____

CWID#

_____

Email:

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)

NAME OF REFERENCE

REFERENCE ORGANIZATION

REFERENCE ADDRESS

REFERENCE TELEPHONE NUMBER

V2.1 2023

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION

The student above is applying for admission to the Mercy University 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. YOU MAY ATTACH A RECOMMENDATION LETTER IF NEEDED.

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 UNIVERSITY'S CLINICAL LABORATORY SCIENCE PROGRAM.

○ STRONGLY RECOMMEND ○ RECOMMEND ○ RECOMMEND WITH RESERVATIONS ○ NOT RECOMMEND

SIGNATURE

DATE (MONTH/DAY/YEAR)

NAME (PLEASE PRINT)

TITLE

ORGANIZATION

BUSINESS TELEPHONE NUMBER

ADDRESS

EMAIL

Please return this letter via email to mnaylor@mercy.edu or in a sealed envelope that you have signed across the seal.

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

V2.1 2023