COLLEGE OF PROFESSIONAL & GLOBAL EDUCATION
5151 STATE UNIVERSITY DRIVE | LOS ANGELES, CA 90032-8619

Clinical Laboratory Scientist Training Program

Recommendation

Name of Applicant: Last First Middle Maiden

Address Phone

This letter of recommendation, submitted in support of your admission to this Clinical Laboratory Scientist Training Program, will be kept confidential. The Family Education Rights and Privacy Act of 1974 and its amendments, and the California Information Practices Act of 1977 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access.

- **I waive my right of access to this letter of recommendation form.**
- **I do not waive my right of access to this letter of recommendation form.**

Signature of Applicant: _____

To the Applicant:

Please directly send this letter of recommendation form to your recommender. Your recommender will receive an email with a link and instructions on how to electronically upload this form via Cal State Apply. Please advise your recommender to submit this form, and not a letter.

To the Recommender

The above person is applying for admission to the Clinical Laboratory Scientist Training Program at California State University, Los Angeles. Please submit your opinion of the candidate's potential for a successful career in our academic program. Consistent with the Family Education Rights and Privacy Act of 1974, this form will not become part of the permanent student record. Please submit this form, and not a letter. There is a section where you may enter additional comments on behalf the applicant.

*Recommendation forms must be submitted from professionals; forms from family, or friends will not be accepted.

Signature of recommender Date

Name of recommender (print) Position

Institution/Employer Telephone

Address

Familiarity with applicant (how known, how long, and how well known?)

ACADEMIC PERFORMANCE - If you were responsible for assigning the final grade for one or more academic programs in which the applicant participated, please provide a breakdown of the distribution of grades awarded and show the candidate's class standing for each course in the boxes below.

Course Title	Applicant grade	Applicant rank in class	Number of students in class	Number of As given	Number of Bs given	Number of Cs given	Number of other grades given

PROFILE - Check (√) the number that best represents your evaluation of the applicant.
4 = Superior; **3** = Exceeds Expectations; **2** = Satisfactory; **1** = Needs Improvement

	4	3	2	1	No basis for judgment
Reliability (intellectual and personal integrity, promptness, conscientiousness)					
Emotional Control (self-control, judgment, consistency, maturity, dependability)					
Social Values (sensitivity to needs of others)					
Industry (drive, initiative, work habits, performance)					
Personality (manners, courtesy, tact, poise)					
Laboratory Skills					
Oral Communication Skills					
Written Communication Skills					

Additional Comments

Please include in this section all pertinent information you have regarding the applicant, particularly: 1) special strengths and weaknesses, 2) any anomalous aspects of applicant's academic record, 3) ability to do independent work, and 4) extracurricular activities including employment. This section is invaluable in deciding among applicants where all else appears equal. If space below is not sufficient, please append additional sheets if necessary or attach a separate letter.

Summary Opinion

Please check (√) the one category in which you would rank this applicant according to his/her ***overall suitability*** as a clinical laboratory scientist trainee. State what group the applicant is compared to:
(PLEASE DO NOT LEAVE UNCHECKED.)

- Excellent - in the upper 10% of applicants I have known
- Above Average - in the upper 25% of applicants I have known.
- Average
- Below Average - should be able to complete work in Clinical Laboratory Science
- Poor - not recommended