



Montana Medical Laboratory Science
Professional Program

109 Lewis Hall, MSU
Dept. MCB
PO Box 173520
Bozeman, MT 59717-3520

APPLICANT EVALUATION FORM

To be completed by the Applicant.

Applicant Name (Last, First, Middle) _____

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby waive my right to have access to the evaluation form completed for the Montana Medical Laboratory Science Professional Program:

_____ Yes, I waive my rights. _____ No, I do not waive my rights.

Signature of Applicant _____ Date _____

Below is to be completed by the Referee.

Name of Referee _____ Title/Position _____

Place of Employment/ Academic Department _____

Address _____

Phone Number _____

1. What is your relationship with the applicant, and how well do you know them?
If you instructed the applicant, briefly describe the course(s).

2. Listed below are some desirable qualities of a Medical Laboratory Scientist.
Please rate the applicant on these items:

	Excellent	Above Average	Average	Below Average	Do Not Know
Initiative (promptness, perseverance, resourcefulness)					
Sense of Responsibility					
Ability to Work Independently (self-discipline)					
Ability to Work with Others (cooperation)					
Motivation (seriousness, interest, commitment)					
Integrity					
Manual Dexterity					
Curiosity and Imagination					
Ability to Accept Constructive Criticism					
Maturity (common sense, ability, and foresight in making decisions)					
Emotional Stability (ability to cope with obstacles and delays)					
Leadership Potential					
Ability to Communicate (oral and written expression)					
Personal Appearance (neatness, grooming)					
Ability to Adjust to New Situations					

3. Please answer the following to the best of your ability: What strengths or weaknesses does the applicant have?
4. If desired, please provide additional pertinent information regarding the applicant's abilities and potential for success in a Medical Laboratory Science program.

OVERALL EVALUATION

☐ Recommended as Outstanding	☐ Recommended, but with reservation
☐ Strongly recommended	☐ Do not recommend
☐ Recommended	

Signature _____ Date _____

Reference forms may be emailed to:

mmls@montana.edu