



Reference Form

To the Applicant: Complete and sign Section I prior to giving to your reference. For the convenience of the evaluator, this document must be submitted electronically to MedLabSci@ucf.edu

Section I
Name of Applicant: _____ UCFID Number: _____
First MI Last

Address: _____

Telephone Number: _____ Email Address: _____

Name and Title of Reference: _____

Note to Applicant: In compliance with the Family Rights and Privacy Act of 1974, check one of the boxes below and sign before distributing to references.

- I agree to respect the confidentiality of the recommendation and specifically waive any right of access.
I elect to retain my right to review this recommendation.

Applicant Signature Date

To the Referee: Thank you for evaluating this applicant for admission to the Medical Laboratory Sciences Program. Please complete Sections II and III of this form and return it digitally to MedLabSci@ucf.edu.

Section II

In what capacity have you been associated with the applicant? Professor/Instructor Employer Other (Specify)
How well do you know the applicant? Very Well Fairly Well Slightly

Have you ever had cause to question this student's ethical standards? No Yes

Important: If you answered yes above, please explain in comments below.

Please rate the applicant in the following areas using the scale below.

4 = Outstanding 3 = Above Average 2 = Average 1 = Below Average N = No basis for judgment

Table with 12 columns (4, 3, 2, 1, N) and 12 rows (Intellectual Ability, Interest in Learning, Motivation for Health Profession, Oral Communication, Written Communication, Perseverance, Reliability, Initiative, Leadership, Interpersonal Relations, Self Confidence, Judgment, Maturity, Emotional Stability, Empathy, Overall Evaluation)

Section III

Comments: It would be helpful if you would comment on the circumstances under which you have been acquainted with the applicant, your ratings above, any particular attributes or deficiencies you have observed, and especially the applicant's suitability for the profession in which he/she has expressed an interest. Please attach your own letter if you prefer.

Blank lines for comments

Name Title Institution/Business Signature