



School of Clinical Laboratory Science Reference Request

TO BE COMPLETED BY THE APPLICANT:

I am applying for an internship in the MeritCare School of Clinical Laboratory Science, one of the affiliates of NDSU. In order that the School may better evaluate my potential, I request that you complete this Reference Form and return it to Rita Prunty, NDSU Program Assistant **by September 28, 2009.**

Thank You.

NAME OF APPLICANT (print or type):	
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SIGNATURE: _____

The Family Educational Rights and Privacy Act permits us to request, **but not require**, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and the evaluation will be maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the MeritCare School of Clinical Laboratory Science. **If you elect to waive your rights of access to and review of this information, please sign your name and date below.**

Signature: _____ Date: _____

NAME OF REFERENCE PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REFERENCE REQUEST

NAME OF REFERENCE PERSON _____

Address _____

City _____ State _____ Zip _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

Evaluate each ability and/or attitude, check the most appropriate category:

	Excellent	Above Average	Average	Below Average	No Basis for Opinion
Scholastic ability					
Initiative					
Ability to work with people					
Confidence					
Acceptance of criticism					
Self-discipline					
Dependability					
Honesty					
Reaction to stress					
Speed					
Sense of responsibility					
Organizational ability					
Ability to make decisions					
Curiosity					

Does this applicant have any personal or economic problems that interfere with his/her job academic performance?

Overall Evaluation: Recommend Not Recommend

Comments:

Signature: _____ Position/Title: _____

PLEASE RETURN BY SEPTEMBER 28:

Rita Prunty, Program Assistant, Dept of Allied Sciences
NDSU Dept 2680, PO Box 6050
Fargo, ND 58108-6050