



APPLICANT EVALUATION FORM

To be completed by the Applicant:

Please print your name, mailing address, telephone number, and e-mail address as it appears on your application form:

Applicant Name Last First Middle

Current Mailing address Number & Street City State Zip

Telephone E-mail

Please check and sign below (Note: If no check is made below, The Center will assume you have waived access): In accordance with the Family Education Rights and Privacy Act of 1974, I hereby waive OR do not waive my right to have access to this evaluation form for admission to The Colorado Center for Medical Laboratory Science.

Signature of Applicant Date

To be completed by the Referee:

Name of Referee Position/Title Please print

Address Place of Employment/Academic Department

Number & Street City State Zip

Telephone E-mail

Signature of Referee Date Signed

Questions to be completed by Referee:

- 1. I know this applicant in the following capacity(ies) – check all that apply:
[ ] Professor Course(s) in which applicant was enrolled:
[ ] Employment Supervisor Position in which applicant was employed:
[ ] Academic Advisor Course(s) in which applicant was enrolled:

OVER

2. How long have you known the applicant? \_\_\_\_\_
3. Please rate the applicant by comparing his/her performance with a representative group of at least 10 individuals you have supervised or taught *in the same capacity* in recent years.

	Is within the top 10% of those I have taught or supervised	Is within the top 20% of those I have taught or supervised	Is within the top 30% of those I have taught or supervised	Falls below the top 30% of those I have taught or supervised
<b>Work Habits:</b> can multi-task in complex work or lab environment; can complete work with both speed and accuracy; follows procedures and shows attention to detail; is neat, thorough and punctual.				
<b>Self-Responsibility:</b> progresses quickly as he/she gains understanding of work and/or lab responsibilities; asks appropriate questions; assesses a situation quickly determining the most relevant information; is prepared for labs and work assignments; professionally discusses errors and how to correct/prevent them.				
<b>Initiative:</b> is motivated; motivation is internal rather than prompted by corrective feedback; is timely and logical in problem solving; retains information from day to day; works well both independently and as a team member.				
<b>Professionalism:</b> is flexible and adaptable; demonstrates a willingness to attempt new tasks; performs well when placed under stressful situations; cooperates with team members; demonstrates a professional orientation to work.				
<b>Communication:</b> is respectful, business-like and concise in communications; listens well and can follow verbal as well as written directions; responds to corrective feedback; demonstrates honesty and integrity in all situations.				

4. What do you perceive is (are) the applicant's greatest strength(s)?
5. What skills do you think the applicant could strengthen in order to benefit his/her academic and/or work performance?
6. Please comment on any other facts that bear on this individual's application.

A requirement of application is that the original form be mailed DIRECTLY FROM THE REFEREE to the address below. If necessary, in order to meet a deadline, a faxed copy of this form will be accepted temporarily UNTIL the mailed copy is received.

Office of Admissions and Records  
 The Colorado Center for Medical Laboratory Science  
 730 Potomac Street, Suite 102  
 Aurora, CO 80011  
 Phone: 720-449-7454 Fax: 720-324-8638

Rev 2/06, 6/07, 5/09,6/11

The Colorado Center for Medical Laboratory Science ▪ Aurora, CO ▪ [www.MedLabEd.org](http://www.MedLabEd.org)  
[MedLabEd@ColoradoHealth.org](mailto:MedLabEd@ColoradoHealth.org) ▪ (720) 449-7454 ▪ (720) 324-8638 FAX