

UNIVERSITY OF CONNECTICUT
 COLLEGE OF AGRICULTURE AND NATURAL RESOURCES
 DEPARTMENT OF ALLIED HEALTH SCIENCES

CERTIFICATE PROGRAM APPLICATION RECOMMENDATION FORM

Applicants to the Department of Allied Health Sciences' certificate programs are required to submit two professional recommendations. One recommendation must be an academic reference (professor). Personal references (family) will not be accepted.

To be completed by the applicant: (Please Type or Print)

Name of Applicant _____
Last Name First Name Middle Initial

Program of Application: (Choose one program)

_____ **MEDICAL LABORATORY SCIENCES:** Certificate program

DIAGNOSTIC GENETIC SCIENCES: _____ Cytogenetics – Certificate program _____ **DGS: Molecular** – Certificate program

I waive the right to review this recommendation:

Signature of Applicant Date

To be completed by the evaluator: Please complete and return this form as indicated on the bottom of page 2.

The evaluator is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for the program indicated above by the applicant.

1) Name of evaluator: _____

2) I have known the applicant for approximately _____. My relationship to the applicant was (is) in the following capacity:

_____ Faculty advisor _____ Employer _____ Supervisor
 _____ Faculty _____ other (please specify) _____

3) I know the applicant: _____ very well _____ fairly well _____ only casually

4) How would you rate this applicant for each of the following characteristics? Please place an **X** under the rating column which best describes the applicant.

CHARACTERISTIC EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic Ability					
Quality of Work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					
Ability to handle stress					

For the questions below, you may use the available space or attach your statement on a separate sheet.

5) Does the applicant possess any special assets that should be noted?

6) Does the applicant demonstrate any weaknesses that you feel would hinder his/her ability to perform effectively in the certificate program?

7) Other comments:

8) Recommendation concerning admission (check one):

_____ I highly recommend this applicant

_____ I recommend this applicant with reservation

_____ I recommend this applicant

_____ I am not able to recommend this applicant

Signature of Evaluator

Date

Name (Please print)

Email address

Title & Affiliation

() _____
Telephone#

() _____
Fax

Street Address or P.O. Box

City

State

Zip

Thank you for your evaluation of this applicant. Please place recommendation in a sealed envelope and sign across the seal. It is preferable, when possible, to include sealed letters of recommendation with the student's application. However, this form may be mailed to the address below:

University of Connecticut
Department of Allied Health Sciences
Attn: Certificate Program Admissions
358 Mansfield Road, Unit 2101
Storrs, CT 06269-2101

