

**TARLETON STATE UNIVERSITY**  
**Medical Laboratory Sciences**  
 1501 ENDERLY PLACE  
 FORT WORTH, TEXAS 76104  
 (V) (817) 926-1101 / (F) (817) 922-8103

|                      |
|----------------------|
| For Office Use Only: |
| Date Received:       |
|                      |

**MEDICAL LABORATORY TECHNOLOGY (MLT)**  
**REFERENCE FORM**

Name of Applicant (Please print or type):

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Tarleton ID (if any):** \_\_\_\_\_

I hereby release my access to this information.

I do not waive my access to this information.

The above named student has requested you to complete this information. Please mail directly to:

Medical Laboratory Technology  
 Department of Medical Laboratory Sciences  
 1501 Enderly Place  
 Fort Worth, Texas 76104

Relationship to Applicant:

University Instructor       College Instructor       Employer       Other \_\_\_\_\_

Number of courses in which you taught applicant or number of years you employed applicant: \_\_\_\_\_

**Applicant Evaluation**

| Qualifications                              | Exceptional              | Above Average            | Average                  | Below Average            | Poor                     | Unable to Evaluate       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Academic Intellectual Ability            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Attendance                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Promptness in Completing Assignments     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Verbal Communication Skills              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Written Communication Skills             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Interaction with Classmates/Co-Workers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Interaction with Instructors/Supervisors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Integrity                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_