

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 SCIENCES (MLS)
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 Sciences
 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:** _____