

**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:

**HISTOTECHNOLOGY (HT)**  
**REFERENCE FORM**

**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 or E-mail to:

Histotechnology  
 Department of Medical Laboratory Sciences  
 1501 Enderly Place  
 Fort Worth, Texas 76104  
 dubansky@tarleton.edu

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						
2. Attendance						
3. Promptness in Completing Assignments						
4. Verbal Communication Skills						
5. Written Communication Skills						
6. Interaction with Classmates/Co-Workers						
7. Interaction with Instructors/Supervisors						
8. Integrity						

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

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

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

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

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