

**University of California-San Francisco**  
**Department of Laboratory Medicine**  
**Clinical Laboratory Scientist Training Program**

**Confidential Student Recommendation**

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Applicant's Last Name

First Name

Middle Initial

Last four digits of your Social Security Number: \_\_\_\_\_

Under the Federal law entitled Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, letters written in confidence are often of greater value in assessing an applicant's qualifications, abilities, and potential. We request, but do not require you, to sign the following waiver.

I expressly waive any rights I might have of access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***APPLICANT: Please Do Not Write Below This Line.***

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**To the Recommender**

The above-named person is applying for admission to the Clinical Laboratory Scientist Training program at UCSF. To assist us in evaluating this applicant's ability and potential for success in our program, please refer to the next page and submit your opinion of the candidate's potential for a successful career in our training program. Your candid evaluation of the applicant will be of significant value to our admission committee in its effort to identify and select highly qualified students for the program.

**How long have you known the applicant?** \_\_\_\_\_

**In what capacity have you known the applicant?** \_\_\_\_\_

**Signature of Recommender:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Recommender (Print):** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Institution/Employer:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Please email recommendation form to [shaun.arevalo@ucsf.edu](mailto:shaun.arevalo@ucsf.edu) or mail to:**

Shaun Arevalo, Program Coordinator  
UCSF Clinical Laboratories  
185 Berry Street, Suite 290  
San Francisco, CA 94107-1739  
Tel: (415) 353-7843

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**Summary Student Evaluation**

**Exceptional:** Consistently outstanding performance

**Above Average:** Frequently surpasses requirements

**Average:** Satisfactorily meet requirements

**Below Average:** Improvement needed and is being shown

**Unsatisfactory:** Improvement doubtful

**Not Applicable:** No Basis for Judgment

Please rate the candidate on the following characteristics. *(You may wish to address these qualities in the form of a letter)*

	*EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	*UNSATISFACTORY	NOT APPLICABLE
<b>ACADEMIC/WORKSKILLS</b>						
Competence in Classroom/workplace						
Competency in Laboratory						
Writing Ability						
Verbal Ability						
Professional Commitment						
<b>INTERPERSONAL SKILLS</b>						
Motivation and Self Direction						
Emotional Maturity						
Reaction to Criticism						
Integrity						
Self-Confidence						
Ability to Work With Others						
Organizational Skills						
Ability to Exercise Sound Judgment						
Leadership Potential						
Attendance						

**\*Please provide your comments below explaining your reasons for giving such rating.**