



Saint Vincent Hospital
232 West 25 Street
Erie, PA 16544
Tel 814.452.5000

School of Medical Laboratory Science
Personal Letter of Recommendation Form

In compliance with the Family Educational Rights and Privacy Act of 1974, I approve the release of the information requested and I:

- Waive my right to view this evaluation
- Do not waive my right to view this evaluation

Applicant's Signature : _____

Date: _____

Applicant's Name: _____

Your Name: _____

Title: _____

College / University / Company: _____

Address: _____

Telephone Number: _____

Email: _____

Signature: _____

I have known the applicant for _____ months / years: _____



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	Exceptional	Good	Acceptable	Fair	Poor	No basis for evaluation
Academic Potential						
Accuracy of work						
Problem solving ability						
Interest in the Sciences						
Demonstrated careful selection of major						
Spoken communication						
Written Communication						
Emotional Stability						
Personal Maturity						
Ability to work independently						
Ability to work with others						
Attendance and punctuality						
Sense of Responsibility						
Personal initiative						
Capacity for good judgment						
Integrity and honesty						
Response to constructive criticism						
Leadership potential						



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Supportive Comments:

Please add any additional comments you may have relative to the personal and/or academic attributes of the applicant that may assist us in the consideration of his/her application for admission to our School. Use additional or separate pages as necessary.

Summary of Recommendation:

Please check the statement that most nearly expresses your overall recommendation of the applicant.

- Highly recommend without reservation
 Recommend with confidence
 Recommend
 Recommend with reservation
 Not recommended



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Signature: _____

Date form completed: _____

**Please send completed form to:
Program Director
School of Medical Laboratory Science
AHN Saint Vincent Hospital
232 West 25th Street
Erie, Pennsylvania 16544-0002**