

**Mississippi Baptist Medical Center  
School of Medical Laboratory Science  
1225 N. State Street  
Jackson, MS 39202**

**ADMISSION REFERENCE EVALUATION FORM**

**PART 1: Instructions to Applicant**

Applicant should complete Part 1 and give to reference for completion of Part 2. References should be individuals who can speak to your academic, clinical and/or employment experiences. Please include at least two science instructors.

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

Street or Box	City	State	Zip
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You may waive the right of access to written evaluations as provided for under the Family Educational and Privacy Act of 1974. Designate your wishes below.

\_\_\_\_\_ *I hereby waive my right of access to the evaluation provided by the person named below and he/she should be hereby notified that the confidentiality of the evaluation is preserved.*

\_\_\_\_\_ *I do not waive my right of access to the confidential evaluation provided by the person named below, and he/she should be notified that I retain my right of access. Thus, the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: Instructions to Reference**

The above-named applicant has applied for admission to the School of Medical Laboratory Science at Mississippi Baptist Medical Center and has requested that you evaluate him/her as a candidate. We would appreciate your objective assessment of the applicant. Your recommendation will assist us in our selection of applicants for acceptance into the program. Please send the completed form to:

Jennifer Knight, Program Director  
School of Medical Laboratory Science  
Mississippi Baptist Medical Center  
1225 North State Street  
Jackson, MS 39202

Fax: 601-974-6286  
Email: [jennifer.knight@bmhcc.org](mailto:jennifer.knight@bmhcc.org)

Name	Position/Title	Organization/School
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Address	City	State	Zip
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Phone number	Email	Relationship to Applicant
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How long have you known the applicant? \_\_\_\_\_

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Please consider the following characteristics & rank the applicant based on the scale below. Place an X or a checkmark in the box under the appropriate rating.

5 = Outstanding; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Unsatisfactory; NA = Not observed

	5	4	3	2	1	NA
Knowledge & interest in Medical Laboratory Science						
Intellectual ability						
Motivation & perseverance						
Personality						
Maturity						
Character & judgment						
Quality of work						
Planning skills						
Problem-solving skills						
Interpersonal relationship skills						
Ability to communicate verbally						
Ability to communicate in writing						
Ability to work with others						
Ability to work independently						
Attitude toward constructive criticism						
Punctuality & attendance						

Please comment on any outstanding characteristics of the applicant or write any remarks concerning this applicant we should take into consideration.

**Please indicate your overall recommendation:**

- Recommend enthusiastically                       Recommend with confidence  
 Recommend with reservation                       Do not recommend

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date