

**CONFIDENTIAL RECOMMENDATION FORM**  
**Blood Bank Technology Program for Continuing Education**  
**University of Texas Southwestern Medical Center**  
**In Cooperation with Blood Systems Laboratories**

APPLICANT: Complete the following portion of this form.

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Application Program \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are permitted to waive their right of access of recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation.

Check one of the following:

\_\_\_\_\_ I hereby WAIVE my right to inspect the contents of the following recommendation.

\_\_\_\_\_ I do NOT waive my right to inspect the contents of the following recommendation.

Name of Recommender \_\_\_\_\_ Title \_\_\_\_\_

Institution/Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

AUTHOR OF RECOMMENDATION: Complete the following information and return it in a sealed envelope to UT Southwestern or the applicant. Place your signature across the flap of the sealed envelope. Please do NOT submit a separate letter of recommendation in addition to this form.

In what capacity have you known this applicant? \_\_\_\_\_ Academic Advisor \_\_\_\_\_ Volunteer Supervisor \_\_\_\_\_ Instructor

\_\_\_\_\_ Supervisor/Manager \_\_\_\_\_ Other \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

How well do you know this applicant? \_\_\_\_\_ Very well \_\_\_\_\_ Somewhat \_\_\_\_\_ Not well

**Rate the applicant on the following characteristics using the following scale:**

5 – Outstanding; 4 – More than satisfactory; 3 – Satisfactory; 2 – Needs improvement; 1 – Unsatisfactory; 0 – Not observed

**Effective Communication**

Verbal and/or written 5-----4-----3-----2-----1-----0

**Interpersonal Skills**

Friendly, cheerful, appropriate 5-----4-----3-----2-----1-----0

Cooperates well with others 5-----4-----3-----2-----1-----0

**Professional Appearance**

Neat, clean, well groomed 5-----4-----3-----2-----1-----0

**Professional Characteristics**

Dependable, honest, mature 5-----4-----3-----2-----1-----0

Eager to learn, motivated 5-----4-----3-----2-----1-----0

Leadership qualities, respected by others 5-----4-----3-----2-----1-----0

**Professional Work Habits**

Well-organized, self-disciplines 5-----4-----3-----2-----1-----0

**Capacity for Independent Critical Thinking**

Problem-solving skills 5-----4-----3-----2-----1-----0

**Emotional Stability**

Reaction to stress, poise, control, 5-----4-----3-----2-----1-----0

Inspires confidence 5-----4-----3-----2-----1-----0

ADDITIONAL COMMENTS:

Please provide any additional comments that you think would be helpful in the assessment of the applicant's ability to successfully complete an academic program to prepare leaders for the healthcare industry.

OVERALL ASSESSMENT OF THE APPLICANT:

\_\_\_\_\_ Highly Recommend

\_\_\_\_\_ Recommend with Reservation

\_\_\_\_\_ Recommend without reservation

\_\_\_\_\_ Do Not Recommend

**Sign below and return this form in a sealed envelope (put your signature across the flap of the sealed envelope) to UT Southwestern or the applicant. This form must be returned to complete the application process.**

Recommender's Name \_\_\_\_\_

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Blood Bank Technology Program  
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*UT Southwestern Medical Center is an Equal Opportunity Institution*