

Motlow State Community College
Medical Laboratory Technician Program Reference Form

Applicant's Name _____

TO THE APPLICANT: Three reference forms are due in the MLT Program office by **May 10th**, **no exceptions**.

Applicant's signature _____ Date _____

TO THE REFERENCE: This applicant has applied to the Medical Laboratory Technology Program at Motlow State Community College and has given your name as a reference. Your candid evaluation of the applicant's qualifications will be greatly appreciated. **Email the signed completed form directly to the MLT Program at mlab@mscc.edu.** Alternatively, this form may be mailed to Motlow State Community College · Medical Laboratory Technology Program · 5002 Motlow College Blvd · Smyrna, TN 37167 or faxed to (615) 220-7840 to the attention of the MLT Program Director. *Do not return this completed form to the applicant unless it is in a sealed envelope.*

How do you know this applicant and for how long? _____

Characteristics	Superior 5	4	3	2	Poor 1	Not Applicable
Academic Potential						
Adaptability						
Attendance						
Emotional Stability						
Independence						
Leadership						
Math & Computer Skills						
Maturity						
Oral Communication						
Organization						
Punctuality						
Reliability						
Responsibility						
Team Work						
Written Communication						

COMMENTS: Please add any comments that will provide a complete picture of the applicant's abilities and potential as a student and health care professional. Use an extra page if necessary. _____

Reference's Name: _____

Organization & Title: _____ Phone Number: _____

Signature: _____ Date: _____