

CYTOTECHNOLOGY SCHOOL, UPMC

LETTER OF REFERENCE FOR STUDENT APPLICANT

Applicant: Enter the deadline for program session for which you are applying. This will inform the person writing your letter of reference of the deadline.

Application Deadline: _____

The applicant noted below is applying to the Cytotechnology School and has asked that you provide a letter of reference. Your time and effort in supplying this additional background information is appreciated. This letter of reference will be considered as part of the application for the Cytotechnology program. This is a certificate program, not a degree granting institution.

Please return this letter of reference directly to the **Attention: Judith Modery, School of Cytology, Magee Womens Hospital of UPMC, 300 Halket Street, Pittsburgh, PA 15213**. For inquiries, please contact jmodery@magee.edu.

Thank you for your assistance.

Name and title of Person Writing Recommendation (**please type or print**) _____

Address _____

E-mail _____ Telephone No. _____

Name of Applicant (**please type or print**) _____

Applicant's special area of academic and research interest (if applicable) _____

TO THE APPLICANT: Confidentiality of Participant Records

This letter may be viewed by you unless you waive your right to see it or the person writing this letter wishes it to be held in confidence. In the event you do not waive your right to see this letter but the referee indicates that he/she wishes the letter to be held in confidence, the referee's preference will take precedence.

- I waive my right to see this letter of reference
- I do not waive my right to see this letter of reference

Signature of Applicant

Date

See the next page for reference questions.

Please respond to the questions below, OR include a separate letter addressing the following questions.

1. How long have you known the applicant?

2. How well and in what capacity do you know the applicant?

3. Please comment on the applicant's likelihood to complete the 12-month program.

4. Please rank the applicant using an **X** to indicate your response:

Category	Outstanding	Very Good	Good	Average	Below Average	No Knowledge (NA)
1. Initiative						
2. Quality of work						
3. Dependability						
4. Communication skills						
5. Ability to work Independently						
6. Ability to work as part of a team						
7. Ability to accept authority						
8. Integrity and ethics						

5. Do you recommend the applicant for this Cytotechnology program?

- | | |
|--|---|
| <input type="checkbox"/> Recommend highly | <input type="checkbox"/> Do not recommend |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Insufficient basis for making recommendation |
| <input type="checkbox"/> Recommend with reservations | |

6. Please check one:

- I have no objection to disclosing this letter of reference to the applicant if he/she requests
- I do not want this letter of reference to be disclosed to the applicant.

Signature _____

Date _____