St. John Health, School of Medical Technology

Internship Recommendation Form

Applicant Name: _____

☐ I waive my right of access to this form. ☐ I do **NOT** waive my right of access to this form.

_____

Applicant Signature Date

Thank you for your support. When completed, send form to: ***St. John Health, School of Medical Technology***
19251 Mack Ave., Suite 80
Grosse Pointe Woods, MI 48236

The above candidate is being considered for a highly technical and precise profession. It is imperative to know more qualifications than revealed on a transcript. Your honest assessment is appreciated.

I have known the applicant for _____ months/years.

My interaction with the applicant was as: ☐ an instructor ☐ curriculum (or major) advisor
☐ an employer ☐ other (please specify)_____

Check as applicable to this applicant:

Characteristic	Excellent	Good	Average	Poor	Unacceptable	Unable to Judge
Academic Ability						
Ability to Follow Directions						
Manual Dexterity						
Work Quality & Accuracy						
Oral Communication						
Written Communication						
Response to Constructive Criticism						
Punctuality & Reliability						
Interpersonal Skills						
Leadership						
Motivation & Determination						
Cooperation						
Initiative						
Judgment						
Integrity						
Emotional Stability						
Appearance						

On the back of this form, indicate any additional information that might assist us in considering this applicant.

Overall recommendation for this applicant?
☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Do **NOT** recommend

_____ _____ _____

Signature **Position or Title** **Date**

******Please return to St. John Health, School of Medical Technology by November 14, 2003******