

PLEASE TYPE OR PRINT
ALL INFORMATION

Revised 1/07

OLD DOMINION UNIVERSITY
SCHOOL OF MEDICAL LABORATORY & RADIATION SCIENCES
MEDICAL TECHNOLOGY/ CLINICAL LABORATORY SCIENCE PROGRAM
APPLICANT EVALUATION FORM

APPLICANT NAME _____ MAJOR _____

SSN/UIIN # _____

NAME / TITLE OF EVALUATOR _____

ORGANIZATION _____

WAIVER OF ACCESS

I have chosen to have this evaluation statement remain:

(A) _____ Confidential
(Candidate will not have access to confidential evaluations)

(B) _____ Not Confidential

I understand that the School of Medical Laboratory & Radiation Sciences does not require me to execute this waiver and will review my application without regard to my choice.

Date _____ Signature _____

CANDIDATE SHOULD FILL OUT ALL INFORMATION ABOVE THIS LINE

Evaluator: Use this scale below to evaluate this applicant. Place completed evaluation in an envelope, seal, and write signature across seal.

	Unable to Evaluate	Excellent	Above Average	Average	Below Average	Unsatisfactory
Academic Achievements						
Initiative						
Dependability						
Ability to Express Self						
Integrity						
Self Confidence						
Leadership Abilities						
Cooperation and Attitude						
Responsibility						

COMMENTS:

In what capacity do you know the applicant? _____

Signature _____

Please return evaluation in a sealed envelope, with signature written across seal to:

PROGRAM DIRECTOR
MEDICAL TECHNOLOGY/CLINICAL LABORATORY SCIENCE
Room 2118 Health Sciences Building
Old Dominion University
Norfolk, VA 23529

This office must receive this evaluation no later than **February 1st.**