



SAINT VINCENT HEALTH CENTER  
 232 West 25 Street  
 Erie, Pennsylvania 16544  
 814/452-5365

*School of Medical Technology  
 Personal Letter of Recommendation Form*

In compliance with the Family Educational Rights and Privacy Act of 1974, I approve the release of the information requested and I:

- Waive my right to view this evaluation
- Do not waive my right to view this evaluation

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

College / University / Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ months / years as: \_\_\_\_\_

	Exceptional	Good	Acceptable	Fair	Poor	No basis for evaluation
Academic potential						
Accuracy of work						
Problem solving ability						
Interest in the sciences						
Demonstrated careful selection of major						
Spoken communication						
Written communication						
Emotional stability						
Personal maturity						
Ability to work independently						
Ability to work with others						
Attendance and punctuality						
Sense of responsibility						
Personal initiative						
Capacity for good judgment						
Integrity and honesty						
Response to constructive criticism						
Leadership potential						

