



**Carolinan College of Health Sciences**  
**Specialist in Blood Bank Technology/Transfusion Medicine**

**Reference Form for Applicants**

**To the Applicant:**

*Submit two professional references, using the Carolinas College of Health Sciences forms, from college instructors and/or supervisors with one from current supervisor.*

1. For each reference, complete the student information in Section I, reading the waiver options carefully. Be aware that some individuals will complete a reference only if you have waived the right of access.
2. Provide each selected reference with a form and an envelope. Inform the reference of the date needed. Collect completed references in sealed envelopes and mail to the College or provide reference with a stamped envelope preaddressed to the College. If the references are mailed separately, follow up to see if they have done so by the deadline. Mail completed reference forms to:

Admissions Department  
Carolinan College of Health Sciences  
1200 Blythe Blvd  
Charlotte NC 28203

**SECTION I**

Applicant Name: \_\_\_\_\_ Applicant's phone: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Under provisions of the Family Education Rights and Privacy Act as amended, you have the right to access the contents of this reference form once enrolled as a student at this college. You also have the option of waiving this right. Please indicate your preference by selecting one of the options provided, signing and dating this form.

- I WAIVE my right to access the contents of this reference form and authorize my reference to provide the Carolinas College of Health Sciences with information that may be required in support of my application.
- I do NOT waive my right to access the contents of this recommendation form, but I authorize my reference to provide the Carolinas College of Health Sciences with information that may be required in support of my application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To The Reference:**

This applicant seeks a position in our online Specialist in Blood Bank Technology/Transfusion Medicine program. Please complete Section II. The information you provide will be used to supplement the applicant's academic record and will aid us in the selection process. Your candid assessment is appreciated and is required to complete the application process.

**SECTION II**

This form is numerically summarized. Leaving any item un-rated will penalize the applicant. If you cannot rate an applicant in all areas, please use a rating based on other areas of assessment or decline completion of reference.

Name of Applicant \_\_\_\_\_

Please rate the applicant in each category below by placing an "X" in the appropriate column.

<b>Applicant Characteristics</b>	Out-standing	Above Average	Average	Poor
This data is numerically summarized. All categories MUST be rated.	(0.5)	(0.4)	(0.2)	(0.0)
<b>1. Laboratory and/or Work Performance:</b> Industrious, performs work promptly, independently, thoroughly, and safely.				
<b>2. Judgment:</b> Critically and reliably evaluates facts, uses common sense in making decisions.				
<b>3. Efficiency:</b> Has good manual dexterity, neat, organized, and able to multitask.				
<b>4. Originality:</b> Demonstrates initiative and resourcefulness.				
<b>5. Written Communication:</b> Expresses self well in writing.				
<b>6. Oral Communication:</b> Expresses self well verbally.				
<b>7. Developmental Potential:</b> Demonstrates potential for professional growth.				
<b>8. Leadership:</b> Has capacity to assume responsibility and lead others.				
<b>9. Adaptability:</b> Has ability to assume new or changing conditions and accepts them constructively.				
<b>10. Poise &amp; Self Control:</b> Contributes knowledge or opinion in a mature manner.				
<b>11. Interpersonal Relations:</b> Works well with others toward a common goal.				
<b>12. Dependability:</b> Works well with limited supervision, is responsible, accurate and precise.				
<b>13. Attendance &amp; Punctuality:</b>				
Additional Comments:				

How long have you known the applicant? \_\_\_\_\_

Relationship to the applicant:

- Current Supervisor     Previous Supervisor     Academic Advisor or Instructor

The student is pursuing a professional career program. Which best describes your response to this applicant's pursuit of a responsible position as a Specialist in Blood Bank Technology/Transfusion Medicine:

- Highly Recommend (2.5)**  
 **Recommend (2.0)**  
 **Recommend with Reservations (0)**  
 **Do Not Recommend (0)**

Evaluator: Please PRINT your name: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Position/Title: \_\_\_\_\_

Evaluator's Address: \_\_\_\_\_

Evaluator's Phone Number: \_\_\_\_\_

Evaluator's Email: \_\_\_\_\_

For College Use Only: FINAL SCORE: \_\_\_\_\_