

III. RECOMMENDATION FOR ADMISSION

Please select one of the following:

As an evaluator of this applicant, I.....

Recommend him/her *without reservations*.

Recommend him/her *with reservations*.

Do not recommend him/her

If you *recommend with reservations* or *do not recommend*, please provide your reasons:

IV. ADDITIONAL COMMENTS:

Please provide the CLS Program with any additional information that you wish to share about the applicant:

V. EVALUATOR INFORMATION:

SIGNATURE: _____ DATE: _____

Name of Evaluator (Please Print) _____

Profession/Work: _____

Business Address: _____

Telephone Number: (Please circle one for best contact):

Business: _____ Home: _____

.....
Note: THE EVALUATOR MUST SEND THIS COMPLETED FORM TO THE FOLLOWING ADDRESS:

The University of Texas at El Paso
Clinical Laboratory Science Program
College of Health Sciences Building
1851 Wiggins Rd., Office RM 418
El Paso, TX 79968-0061

This form **must** be received by January 31st of the current year