

Reference Form Instructions
Cytology Program

Applicant Instructions:

Enter your name below, then forward this document to the three individuals you have selected as references.

Applicant Full Name: _____

Evaluator Instructions:

The above individual is applying to the Cleveland Clinic School of Health Professions Cytology Program. The program is a one-year post baccalaureate health professions certificate program in the study of cancer diagnosis on the cellular level. The field requires medical knowledge, patience, and visual acuity. The program is academically challenging and is looking for applicants who are mature, responsible, can manage a rigorous schedule, and work independently. Please submit the completed reference form, along with a personal letter of recommendation via email to CytologyProgram@ccf.org.

Thank you for your time and honest assessment.

Background Information:

How long have you known this applicant and in what context:

In what ways do you think this applicant fits/does not fit the type of individual outlined in the Evaluator Instructions:

	No Basis	Below Average	Average	Above Average	Superior
Academic Achievement					
Intellectual Ability					
Quality of Writing					
Original Thought					
Verbal Communication					
Disciplined Work Habits					
Maturity					
Motivation/Initiative					
Leadership					
Integrity					
Reaction to Setbacks					
Concern for Others					
Self Confidence					
Goal Setting					
Logic Skills					
Time Management					
Organization					
Team Participation					

By signing below, I certify that the information I have supplied on this reference form is accurate and complete to the best of my knowledge. Typing your name in the field below is the equivalent of your handwritten signature.

Full Name: _____

Date: _____

Thank you!