SAGINAW VALLEY STATE UNIVERSITY
COLLEGE OF HEALTH & HUMAN SERVICES

Margot Alvey, Program Director
Medical Laboratory Science, BA 207
College of Health and Human Services
Saginaw Valley State University
7400 Bay Road, Saginaw, MI 48710

INSTRUCTIONS

REFEREE:

Please save a copy of this form as Ref_StudentLastName_YourLastName. Send completed reference form as an attachment to mlsapp@svsu.edu. Please include in the subject line: MLS Reference Form [StudentLAstName].

Reference forms for students applying to begin the professional program in **Winter 2027** will be accepted ***July 15 – August 15, 2026.***

CANDIDATE INFORMATION

CONFIDENTIAL RECOMMENDATION CONCERNING:

First Name _____ Last Name _____

Major _____ Expected Graduation Date _____

BASIS FOR RATING CANDIDATE

1

Check the box which best describes your relationship with the candidate on the left. Check the box which best describes your knowledge of the candidate on the right.

- ☐ Employer
- ☐ Professor
- ☐ Other _____

- ☐ Know candidate well
- ☐ Limited knowledge of candidate
- ☐ Do not remember candidate

CANDIDATE EVALUATION

The traits listed below are of importance to employers in selecting college graduates. Please rate this individual with respect to other students of comparable age and experience. Check the box corresponding to the number which best represents each characteristic of the candidate. Leave blank those characteristics which you have no basis for rating.

	OUTSTANDING		AVERAGE			BELOW AVERAGE	
	1	*2*	*3*	*4*	*5*	*6*	*7*
1. Personality	☐	☐	☐	☐	☐	☐	☐
2. Attitude	☐	☐	☐	☐	☐	☐	☐
3. Maturity	☐	☐	☐	☐	☐	☐	☐
4. Originality and Initiative	☐	☐	☐	☐	☐	☐	☐
5. Mastery of subject matter	☐	☐	☐	☐	☐	☐	☐
6. Dependability	☐	☐	☐	☐	☐	☐	☐

7. Written expression ☐ ☐ ☐ ☐ ☐ ☐ ☐

8. Oral expression ☐ ☐ ☐ ☐ ☐ ☐ ☐

Please write any additional comments below. You may discuss any outstanding qualities, possible weaknesses or overall impression.

REFERENCE INFORMATION

Rater's Full Name: _____ Date: _____
Last *First* *M.I.*

Signature: _____

Position: _____

Employer: _____
Position *Department*

: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ **Email** _____

THANK YOU

Thank you for serving as a reference for this student. If you would like to learn more about the MLS program or how you could help enrich our students' experiences in the program, please reach out to Program Director Margot Alvey at mmlondon@svsu.edu.