



APPLICANT NAME: _____

APPLICANT WAIVER: In distributing this form, I hereby waive the right to read this form and request that this information remain confidential.

UND HISTOTECHNICIAN PROGRAM CANDIDATE RECOMMENDATION FORM

The person from whom you received this form is applying for admission into the UND Histotechnology Program. The program goals are to select individuals with abilities that will attribute to the successful completion of the training program & with personal characteristics necessary to perform as a professional in the field of Histotechnology. **Please submit the form directly to the UND HT Program, not to the applicant.**

How long have you known the candidate? _____

In what capacity? _____

Today's Date: _____

EVALUATION VARIABLES

Select the description that best represents the candidate in your opinion. Each variable should have one description selected.

MOTIVATION

ACADEMIC ABILITY

RELIABILITY

COOPERATION



LEADERSHIP

JUDGEMENT

LISTENS/FOLLOWS DIRECTION

QUALITY OF WORK

WRITTEN COMMUNICATION

ORAL COMMUNICATION

HONESTY & INTEGRITY

EMOTIONAL STABILITY

INITIATIVE

SUMMARY



Additional Comments: Indicate any additional comments you think are relevant.

Name, Title: _____

Telephone: _____

Address: _____

Signature: _____

Please submit the completed recommendation [HERE](#) or email to:
kyleen.newman@und.edu

