EVALUATION FROM INSTRUCTOR AND EMPLOYER  
(PRINT TWO FORMS)

PROGRAM DIRECTOR  
SCHOOL OF HISTOTECHNOLOGY  
4707 ST. ANTOINE BLVD SG33  
DETROIT, MI  48201

Students Waiver Certificate: 
To the student: You may voluntarily waive your right to have access to a specific "Evaluation"  
written about you in accordance with the Federal Family Education Rights and Privacy Act of  
1974, by signing and dating this certificate:

I waive, relinquish and disclaim all my rights to have access to the "Evaluation" described in this  
form:

Student's Signature: __________________________________________ Date: ____________________

Name of Applicant: ____________________________________________

(Please Print) (Last Name) (First Name) (Middle)
===================================================================== 

1. How long have you known the applicant? ____________ months ____________ years.

2. Identify the capacity in which you have been associated with applicant.  
   _____ Lecture                         _____ Laboratory                     _____ Seminar  
   _____ Employer                      _____ Other (Explain)

3. In comparison with other students or employees whom you have had during the past five  
   years, how does the applicant rank?  
   _____ Best in Years                  _____ Top 10%                       ______ Good  
   _____ Average                           _____Below Average             ______ Unable to Determine

4 Rate the applicant in the area below:

<table>
<thead>
<tr>
<th>AREA</th>
<th>OUT STANDING (4)</th>
<th>ABOVE AVERAGE (3)</th>
<th>AVERAGE (2)</th>
<th>BELOW AVERAGE (1)</th>
<th>INSUFFICIENT KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic knowledge of major field</td>
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<td>Technical knowledge and skills</td>
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<td>Initiative</td>
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<td>Demonstrates research ability</td>
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<td>Ability to work independently</td>
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<td>Ability to share and exchange ideas</td>
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<td>Ability to express self orally</td>
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<td>Ability to express self in writing</td>
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<td>Interpersonal relations with students in class</td>
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</table>
5. Please indicate the strength of your overall endorsement
   _____ Not Recommended   _____ Recommended
   _____ Recommended with _____ High Recommendation
   some reservation          _____ Undecided

   Comments__________________________________________________________________
   _______________________________________________________________________

7. Return evaluation to:
   Program Director
   School of Histotechnology
   4707 St.Antoine Blvd SG33
   Detroit, MI  48201

8. Evaluated by:
   Signature:_____________________________  Date: _____________
   Title: ________________________________
   Department: __________________________
   Place of Employment: _____________________