



REFERENCE LETTER REQUEST

Name of Applicant: _____

The above-named applicant has applied for admission to NewYork-Presbyterian Brooklyn Methodist Hospital's Clinical Laboratory Science Program. We would like you to provide pertinent information concerning this applicant. Would you kindly tell us about this person's qualifications, educational background and/or employment record?

Please consider the following questions in providing insight into the applicant:

1. How long have you known the applicant and in what capacity?
2. Will the applicant be able to work and adapt to the healthcare setting?
3. Will this applicant accept responsibility and be reliable?
4. Would you recommend this applicant for acceptance into our program?

All letters of recommendation must be on official letterhead or contain contact information. Please e-mail letters of recommendation to admissions@nypcls.org or mail directly to:

NewYork-Presbyterian Brooklyn Methodist Hospital
Clinical Laboratory Science Program
1401 Kings Highway
Brooklyn, NY 11229