



Pre-College Student Educational Enrichment Program Recommendation Form

To the Applicant: Indicate whether you desire to waive your right of access to this document. If you decide not to waive your right, this will not affect your chances for acceptance in any manner.

I hereby waive do not waive my right to see this personal reference form. _____
Signature Date

Print Clearly

APPLICANT'S INFORMATION:

Name: _____

Mailing Address: Street _____ City _____ State _____ Zip Code _____

Email Address: _____ Phone: _____

RECOMMENDER'S INFORMATION:

Name: _____ School _____ Position _____

Mailing Address: Street _____ City _____ State _____ Zip Code _____

Email Address: _____ Phone: _____ Signature: _____

I. Rating Scale:

EVALUATION CRITERIA	OUTSTANDING Top 5%	EXCELLENT Next 10%	ABOVE AVERAGE Next 20%	AVERAGE Next 40%	FAIR Next 20%	POOR Next 5%	NO BASIS FOR JUDGMENT
ACADEMIC ABILITY: Grasp complex concepts, analyze and interpret information, ability to critically think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION for health profession career: Medicine, Dentistry, Allied Health, Nursing or related profession, willingness to persevere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL EXPRESSION: Communication skills; clarity of expression, ability to articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN EXPRESSION: Ability to organize and communicate information in written context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPATHY: Consideration and sensitivity to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-CONFIDENCE: Poise, assuredness, capacity to achieve with awareness of own strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY: Behavior and performance under pressure, mood stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGEMENT: Ability to analyze and solve a problem, utilize common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY: Responsibility, dependability, promptness, reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY: Ability to cope with a variety of situations, personal development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP SKILLS: Qualities of creativity, openness, assertiveness, dedication, integrity, visionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL SKILLS: Ability to work with others, good rapport, cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECTS AND CONFORMS to rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Questions and Comments (Please print or type)

- How well and in what capacity do you know the applicant?
- Overall recommendation of student for Student Educational Enrichment Program:
 Highest Recommendation Strongly Recommend Recommend as Satisfactory
 Not Suitable at this time Not Recommended Insufficient Evidence to Evaluate

3. Additional comments: (Please attach separate sheet for additional comments).