This Reference Form or a letter of reference is used along with other materials in deciding admission to the CBME Graduate Program. It is also used in deciding whether financial assistance will be given.

2/8/2005

TO APPLICANT: please complete the information below and give this form to a person who is familiar with your educational background and abilities and who is willing to submit it on your behalf. We prefer that it be from someone who has served as your supervisor.

Applicant’s Full Name: ________________________________________________________________________________________

Date: _______________ Degree sought: ___________________________ Semester applying for: ______________________

The Family Educational Rights and Privacy Act of 1974 opens many college records for the student’s inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect letters of recommendation. The student’s signature below constitutes a waiver signifying that the recommendation will remain confidential. No signature means the student will have the right to read this reference.

Applicant’s signature: ____________________________________________________ Date: ______________________

TO RECOMMENDER: The applicant requests that you return this form to the Graduate Coordinator at the above address.

Name of Respondent: _________________________________________________________________________________________

Title: _________________________________________________________ Telephone: _________________________________

E-mail address: ______________________________________________________________________________________________

Respondent’s Department: _____________________________________________________________________________________

Respondent’s Institution: _______________________________________________________________________________________

1. How long and in what capacity have you known the applicant?

2. Please rate the applicant on each of the following characteristics in comparison with other students you have known with approximately the same amount of experience and training.

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<th>Scholarship/Overall Potential for Success</th>
<th>Exceptional (Top 2%)</th>
<th>Outstanding (Top 10%)</th>
<th>Excellent (Top 20%)</th>
<th>Good (Top 1/3)</th>
<th>Average (Middle 1/3)</th>
<th>Poor (Bottom 1/3)</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Achievements to Date</td>
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<td>Intellectual Capacity</td>
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<td>Maturity &amp; Motivation</td>
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</table>
3. Where does the applicant stand when compared with the better students currently in your department? ______________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

4. In the space below, please add any descriptive comments which will assist in providing a complete picture of the applicant's abilities and potential, including comments on such matters as the applicant's strengths, weaknesses, competence to plan and carry out research, and specific accomplishments and contributions. (This need not be typed).
________________________________________________________________________________________________________
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5. Do you recommend the applicant to the degree indicated above?

Very Strongly _________  Strongly _________  Moderately _________  With Reservation _________  Not At All _________

If there are reservations kindly explain:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Signature of Respondent: ________________________________  Date: ________________________________