## SCHOOL OF GRADUATE STUDIES

Director of Admissions State University of New York Health Science Center at Brooklyn 450 Clarkson Avenue, MSC 41, Brooklyn, NY 11203-2098 sgsadmissions@downstate.edu

## LETTER OF RECOMMENDATION

Section 1 (TO BE COMPLE	TED BY THE APPL	ICANT)		
For the class entering YEAF	R	AMC	AS ID #:	
Last Name	First Name		Middle	
Mailing Address: Street				Apt. Number:
City	State	Zip Code		Country (if not USA)

## Email Address

In accordance with the provisions of the Family Education Rights to Privacy Act of 1974, [] I DO [] I DO NOT waive my right of access to review this letter of reference. (NOTE: If you check I DO, the recommendation will remain confidential; if you check I DO NOT, you may review the recommendation <u>after</u> you are matriculated student at SUNY HSCB.)

Applicant's Signature

Date

Section 2 (TO BE COMPLETED BY RECOMMENDER AND RETURNED TO ADDRESS LISTED ABOVE)

It is important that students whom we select can successfully meet the academic challenges of the graduate program and possess personal qualifications essential for professional performance. The applicant has selected you as someone who can provide us with such an appraisal. Therefore, we appreciate your candid evaluation of the applicant's qualifications. The pending application will be considered incomplete until your response is received. Thank you for your help in our application process.

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

Does the scholastic record of the applicant reflect his/her abilities? (Explain) \_\_\_\_\_

What are the applicant's strengths and weaknesses? (If possible, please provide specific instances)

Describe	the	applicant's	current	assignment	and	special	responsibilities.

## Describe the applicant's relationship with his/her peers, as well as other interpersonal abilities.

Please	assess the	applicant	relative to	o other	students	or	employees	whom	you	have	known	in a	а
similar	capacity.								-				

	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top Third)	Fair (Top Half)	Unable to Judge
Intellectual ability					
Ability in Written Expression					
Ability in Oral Expression					
Creativity / Originality					
Analytical / Problem Solving Ability					
Initiative / Independence					
Integrity					
Maturity					
Ability to Work with Others					
Perseverance					
Dependability					
Potential for Career Advancement					
Recommendation for acceptance:	[ ] Strongly [ ] Recomm		[ ] Recomm [ ] Do not r	nend with re ecommend	eservations

Please comment on the above recommendation (use additional sheets if necessary).

Name of Recommender	Title
Institution/Organization	Department Phone Number
Signature	Date