SCHOOL OF GRADUATE STUDIES

Director of Admissions
State University of New York Health Science Center at Brooklyn
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LETTER OF RECOMMENDATION PLEASE TYPE OR PRINT LEGIBLY **Section 1** (TO BE COMPLETED BY THE APPLICANT) For the class entering YEAR _____ Student ID #: 9 digit number issued after application is submitted. Last Name Middle First Name 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	o with his/her p	eers, as well	as other inte	erpersonal a	abilities.
Please assess the applicant relative teapacity.	o other students	s or employe	es whom you	ı have know	n in a simil
	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: Please use additional sheets to o	[] Strongly recommend [] Recommend comment on the above rec		[] Recommend with reservation [] Do not recommend commendation.		
Name of Recommender		Title			
nstitution/Organization	Department Phone Number				
Signature		Date			