SCHOOL OF GRADUATE STUDIES

SUNY Downstate Health Sciences University Brooklyn
450 Clarkson Avenue, MSC 41, Brooklyn, NY 11203-2098

LETTER OF RECOMMENDATION

PLEASE TYPE OR PRINT LEGIBLY

Section 1 (TO BE COMPLETED BY THE APPLICANT)

For the class entering **YEAR** _____   Social Security Number: _____- ____ -_____

_____
Last Name: **First Name**:   **Middle:**

_____
Mailing Address: Street   **Apt. Number**:

_____
City: **State:**   **Zip Code:**   **Country(if not USA)**

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 other students or employees whom you have known in a 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 recommend**   **[ ] Recommend with reservations**

    [ ] Recommend   **[ ] Do not recommend**

Please use additional sheets to comment on the above recommendation.

_____

_____

_____

_____

_____

Name of Recommender   **Title**

_____

Institution/Organization   **Department Phone Number**

_____   _____

Signature   **Date**