COLLEGE OF HEALTH RELATED PROFESSIONS

SUNY Health Science Center at Brooklyn • 450 Clarkson Avenue, Box 60, Brooklyn, NY 11203-2098

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Section 1 (TO BE COMPLETED	BYAPPLICANT)	For the class entering YEAR				
ADVANCED CERTIFICATE IN M	MIDIWFERY: []	MASTER OF SC	IENCE IN MIDWIFERY: []			
MASTER OF SCIENCE IN NURS	SING — NURSE	MIDWIFERY []				
PLEASE TYPE OR PRINT LEGIS	BLY — Social Sec	curity Number:				
Last Name:		First Name:	Middle:			
Mailing Address: Street:			Apt. Number:			
City:	State:	Zip Code:	Country (if not USA):			
my right of access to review this le	etter of reference.	(NOTE: If you check	y Act of 1974, [] I DO [] I DO NOT waive I DO, the recommendation will remain confivou are a matriculated student at SUNY HSCB.)			
Applicant's Signature			Date			
Section 2 (TO BE COMPLETED I	BY RECOMMEN	DER AND RETURN	ED TO ADDRESS LISTED ABOVE)			
possess the personal qualifications cant has selected you as someone w	essential to compe who can provide us	etent professional performances with such an appraisa	ne academic challenges of the program and also primance in their chosen health field. The appli- al. Therefore, we would appreciate your candid the considered incomplete until your response is			
How long and in what capacity hav	ve you known the	applicant?				
Does the scholastic record of the ap	oplicant reflect his	s/her abilities? (Explai	n)			
What are the applicant's strengths	and weaknesses?	If possible, please pro	vide specific instances.			

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Fair

Poor

Unable to judge

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

Outstanding

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

Good

Superior

	g (Top 2%)	(Top 10%)	(Top 3rd)	(Top half)	(Bottom 3rd)		
Intellectual ability							
Organizational Skills							
Ability in Written Expression							
Ability in Oral Expression							
Creativity/Originality							
Analytical/Prob. Solving Ability							
Initiative/Independence							
Flexibility/Adaptability							
Integrity							
Maturity							
Perseverance							
Dependability							
Leadership Potential							
Name of Recommender			Tit	le			
Institution/Organization			De	Department Phone Number			
Signature			Da	te			