

MEDPREP

Recommendation Form

Medical/Dental Education Preparatory Program

MEDPREP Admissions
SIU School of Medicine
Mail Code 4323
Carbondale IL 62901

Directions for Applicant: A minimum of two forms must be completed, preferably by an advisor or faculty member. Be sure to complete the section marked TO BE COMPLETED BY THE APPLICANT at the right before giving this form to your recommenders. If you do not make a selection regarding your rights to access this recommendation form and/or do not sign this form, we will assume that you DO NOT waive your rights to see it.

TO BE COMPLETED BY THE APPLICANT	
Name (Last, First, Middle Initial)	
Birthdate (MM/DD/YYYY)	SSN (Last 4 digits)
Under the provision of the Family Education Rights and Privacy Act (Buckley Act):	
<p>I waive any right to access that I might have to this recommendation form.</p> <p>I do not waive any right to access that I might have to this recommendation form.</p>	
Applicant's Signature and Date	

TO BE COMPLETED BY THE RECOMMENDER
<p>The above-named student is applying to MEDPREP. The information you provide will be used by the Admissions Committee to assess the applicant's potential for a professional health career and to help the committee evaluate the applicant for admission to the program. Early completion of this form is recommended. Please note that if the applicant has not made a selection above regarding rights to access this form and/or has not signed above, we will assume that the student DOES NOT waive his/her rights to access this recommendation.</p>

PART A					
Please rate the applicant on each of the characteristics listed below.	Superior	Good	Average	Poor	No opportunity to observe
Intellectual ability					
Problem-solving ability					
Judgment and common sense					
Ability to deal with failure					
Sensitivity to the needs of others					
Communication skills					
Emotional stability and maturity					
Independence					
Integrity					
Dependability and reliability					
Leadership					
Motivation for a career in medicine/dentistry					
Industry and persistence					
PART B			PART C		
<p>On separate letterhead, please give your candid evaluation of this applicant. Specific descriptions of the individual's strengths and weaknesses are most valuable to the Admissions Committee. Responses to the following questions can better assist the selection process: In what capacity have you known the applicant? How does the applicant compare with other prehealth students you have advised or taught? Does the applicant appear to clearly think through problems and plan reasonable solutions? Does the applicant appear to possess the academic potential and character qualities for professional school studies and the health professions?</p>			<p>What is your overall recommendation of this student for participation in MEDPREP?</p> <p>Strongly Recommend</p> <p>Recommend</p> <p>Recommend with Reservations as described in Part B</p> <p>Not recommend</p> <p>Insufficient contact to make recommendation</p>		
Recommender's Signature and Date					
Recommender's Name			Street Address		
Title	Department		City, State, ZIP		
Institution/Company Name			Telephone	Email	