Marshall University School of Medicine Summer Academy
Recommendation Form

► To be completed by the Student Applicant:

Please provide a copy of this form to three references who can comment on your interest in the Marshall University Joan C. Edwards School of Medicine (MU JCESOM) Summer Academy, as well as on your ability, potential, and readiness for the Academy. At least one of these references should be from a professor whom you have had in a college class. We suggest that the other two references be from faculty members, advisors, current or past employers, or others (not a relative) who can address your readiness for the Academy.

Applicant Name: _____ ☐ Female
(Last) (First) (Middle) ☐ Male

Applicant Waiver: I do ☐ I do not ☐ waive my right of access to this recommendation, granted under the provisions of the Family Educational Rights & Privacy Act of 1974. The MUSOM may, therefore, consider it confidential.

_____ _____
(Signature) (Date)

► To be completed by the Reference:

We are grateful for your assistance on behalf of this applicant. Please complete this form promptly, sign and date it, and mail it directly to: Marshall Medical Center, 1600 Medical Center Drive, Suite 1400, Huntington, WV 25701, ATTN: Jennifer Plymale, Academy Director. **The deadline for all Applications and Recommendation Forms is Friday, April 14, 2017.**

1. How long have you known the applicant? _____ In what specific capacity? _____

_____

2. Please rate the applicant according to the following criteria by checking the appropriate box.

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Creative, Original Thought					
Maturity					
Independence, Initiative					
Intellectual Ability					
Academic Achievement					
Clarity in Written Expression					
Ability in Oral Expression					
Concern for Others					
Disciplined Work Habits					

3. What are the first words that come to your mind to describe the applicant? _____

4. Does the applicant possess any special assets that should be noted? If yes, please describe: _____

_____

Recommendation (check one):

☐ I highly recommend this applicant.
☐ I recommend this applicant.
☐ I recommend this applicant, but with some reservation.

Signature of Reference: _____ Date: _____ Phone: _____ Email: _____

Please Print Name: _____ Title: _____

Mailing Address: _____