

Recommendation Form

Signed and dated

Recommendations may also be submitted on letterhead.

Return to applicant in a sealed envelope with your signature on the seal.

Applicant, please complete:

Last Name	First Name	Middle Name
Birth Date	Intended program of study	
Address		

WAIVER OF RIGHT OF ACCESS TO EDUCATIONAL RECORDS: I hereby waive my right to view this confidential recommendation that is part of my education record in possession of the Office of Admissions and/or Registrar. I understand that I am under no obligation to sign this waiver.

Signature	Date
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Recommender, this recommendation is a confidential report of the candidate's suitability for admission to Thomas Jefferson University, Jefferson College of Health Professions. Members of the Admissions Committee will use your comments to achieve a better understanding of the applicant. Please return the completed form to the applicant in a sealed envelope.

For how long and in what capacity have you known the applicant?

What do you consider to be the applicant's major strengths and possible weaknesses?

Strengths

Weaknesses

(Detach at Perforation)

