RECOMMENDATION FORM

Office of Admissions
Jefferson College of Health Professions
Thomas Jefferson University
130 S. 9th St., Suite 100
Philadelphia, PA 19107-5233

Signed and dated recommendations may also be submitted on letterhead.

Applicant, please complete:

Name:_____
Last First Middle

Social Security #: _____ 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 wavier.

Signature: _____ Date: _____

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 or mail directly to Jefferson at the address listed above.

1. For how long and in what capacity have you known the applicant?
   _____
   _____
   _____
   _____
   _____
2. What do you consider to be the applicant's major strengths and possible weaknesses?
   Strengths:_____
   _____

_____
Weaknesses:_____
_____
_____

3. Assess the applicant's ability to be successful in a *rigorous academic environment.*

   _____
   _____
   _____
   _____
   _____

4. Use the space below for any additional information you feel would be helpful to the Admissions committee.

   _____
   _____
   _____
   _____
   _____

5. Please give an overall assessment of the student's potential for success at Jefferson (circle one).

   OUTSTANDING EXCELLENT GOOD FAIR POOR

Thank you for your time and assistance in completing this form.

Name: _____
Last First Middle

Title/position: _____

Name of high school, college, company, hospital, or agency:
_____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Telephone: ( ) _____

Signature: _____ Date: _____