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:

Name: _____
Last First Middle

Birth date (MM/DD/YYYY): _____ 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 School of Population Health. 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.

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: _____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

_____

Please give an overall assessment of the student's potential for success at Jefferson (check 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: _____