



PHILADELPHIA UNIVERSITY

Midwifery Recommendation Form for Admission Graduate Programs

New applicant Re-entry applicant

To be completed by Applicant:

Name: LAST FIRST MIDDLE MAIDEN, IF APPLICABLE

Address: STREET

CITY STATE ZIP CODE COUNTRY

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Applicants may waive their right of access to recommendations. Failure to sign this form constitutes a waiver of the applicant's right to review this recommendation.

I hereby voluntarily waive my right to access any information contained in this recommendation form and agree that the information contained in the form should remain confidential.

I do not waive my right to access any information contained in this recommendation form.

Applicant's Signature: Date:

To be completed by Evaluator:

Please answer the questions listed below according to your knowledge of the applicant. Thank you for your assistance.

1. How long have you known the applicant?

2. What is your relationship with the applicant?

Place a rating number for each question, followed by a brief comment on the applicant's strengths and weakness in the following areas.

4 = Outstanding 3 = Above Average 2 = Average 1 = Below Average 0 = No basis for judgement

3. Academic or intellectual ability: ()

4. Verbal communication skills: ()

5. Written communication skills: ()

6. Ability to accept and utilize constructive criticism: ()

7. Motivation/perseverance: ()

8. Interactions with clients and/or patients: () _____

9. Empathy: () _____

10. Emotional stability/maturity: () _____

11. Problem solving skills/critical thinking: () _____

12. Ability to get along and work with others: () _____

13. Integrity: () _____

14. Accountability: () _____

15. Leadership: () _____

16. Additional comments: _____

17. May we contact you for additional information? Yes No

18. Overall recommendation (please check one):

- This applicant has my highest recommendation.
- I recommend this applicant highly, without reservation.
- I recommend this applicant.
- I recommend this applicant, with some reservations.
- I do not recommend this applicant.

Name: _____ Title: _____ Agency: _____

Address: _____
STREET

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

Email: _____

Signature of Evaluator: _____ Date: _____

Please note: Place this in a sealed envelope, with your signature across the flap

Please Return To:
 Office of Graduate Admissions
 Philadelphia University
 4201 Henry Avenue, Philadelphia, PA 19144-5497
 Telephone: 215.951.2943