

# Xavier University Pre-Medical Scholars Physician Shadowing Program Confidential Recommendation Letter Form



## Waiver of Right of Access to Confidential Statements Title 45, C.F.R. Part 99 (to be completed by the applicant)

I hereby waive my right of access to any and all confidential recommendations respecting my (1) admission to any educational agency or institution, (2) application for employment and (3) receipt of any honor or honorary recognition, which are part of my education records at Xavier University and/or at the University of Cincinnati.

I understand that, upon request, I will be notified of the names of all persons making confidential recommendations, and that such recommendation will be used solely for the purpose of which they were specifically intended.

I further understand that this waiver may not be required for admission to, receipt of financial aid from or receipt of any other services or benefits from Xavier University and/or the University of Cincinnati.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Applicant's name \_\_\_\_\_  
*Last First Middle*

### Please state the nature, duration and extent of your association with the applicant.

- A. \_\_\_\_\_ Classroom: Lecture \_\_\_\_\_ Lab \_\_\_\_\_  
Course Title(s) and Number(s) \_\_\_\_\_
- B. \_\_\_\_\_ Academic Advising
- C. \_\_\_\_\_ Employment (explain) \_\_\_\_\_
- D. \_\_\_\_\_ Other (explain) \_\_\_\_\_

### Please appraise the applicant in terms of the characteristics below, using the following scale:

5 – Excellent/Outstanding    4 – Above Average    3 – Average    2 – Below Average    1 - Poor    0 – Insufficient knowledge

- \_\_\_\_\_ Cooperation (ability to work with others)
- \_\_\_\_\_ Initiative (independent, self-starter, resourcefulness, needs little or no supervision)
- \_\_\_\_\_ Judgment (common sense, able to accept suggestions, decisiveness)
- \_\_\_\_\_ Intellectual Ability
- \_\_\_\_\_ Intellectual Curiosity
- \_\_\_\_\_ Competence in the Classroom
- \_\_\_\_\_ Competence in the Laboratory
- \_\_\_\_\_ Emotional Stability (performs well under pressure, adjusts to situations, level-headed)
- \_\_\_\_\_ Maturity

**Please continue to appraise the applicant in terms of the characteristics below, using the following scale:**

**5 – Excellent/Outstanding    4 –Above Average    3 – Average    2– Below Average    1 - Poor    0 – Insufficient knowledge**

- \_\_\_\_\_ Industry (endurance, works hard, perseverance, reliability, promptness)
- \_\_\_\_\_ Written Communication (clear, concise)
- \_\_\_\_\_ Oral Communication (articulates position well, clarity)
- \_\_\_\_\_ Personal Appearance (appropriate for whatever occasion arises, neatness)
- \_\_\_\_\_ Openness (shares his or her feelings, seeks advice of others)
- \_\_\_\_\_ Self-understanding (knows strengths, knows and works on weaknesses)
- \_\_\_\_\_ Integrity (practices high principles without evoking moral antagonism; morally consistent)

**Please explain any 5, 2 or 1 rating(s) above and comment on any characteristic(s) you believe require(s) elaboration.**

**Please note any further information that would be helpful in evaluating this applicant.**

**Overall evaluation of the applicant:**

- \_\_\_\_\_ Outstanding/Highest Recommendation                      \_\_\_\_\_ Recommend with Reservation
- \_\_\_\_\_ Highly Recommend    \_\_\_\_\_ Do Not Recommend
- \_\_\_\_\_ Recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title (please print) \_\_\_\_\_

Department/Institution \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State and Zip Code*

Area code and telephone number \_\_\_\_\_

**Please return to:**

**Xavier University  
Director, Pre-Professional Health Advising  
XU/UCCOM Pre-Medical Scholars Shadowing Program  
3800 Victory Parkway  
Cincinnati, Ohio 45207-4331  
Phone (513) 745-3691; Fax (513) 745-1079  
E-mail- rettigk@xavier.edu**