



## Recommendation Form The Alden March Bioethics Institute at Albany Medical College

**Applicant's Name** \_\_\_\_\_

- Degree Desired**
- Master of Science in Bioethics
  - Doctoral of Professional Studies in Bioethics
  - Graduate Certificate in Clinical Ethics
  - Virtual Fellowship in Clinical Ethics Consultation

**Recommender's Name & Title** \_\_\_\_\_

Your Estimate of the Student	TOP 5%	TOP 20%	TOP 50%	BELOW 50%	UNABLE TO ASSESS
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence as a Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of Oral English Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of Written English Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promise as a Bioethicist/ Use of Bioethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In another document, describe your association with the applicant. Please give your candid evaluation of this applicant, including observations of the applicant's intellectual ability, academic performance, character and promise for advanced graduate study. Please identify the strengths and any potential weaknesses that should be considered in evaluating the applicant's potential as a student in Bioethics. Please ensure to sign your letter.

Please return this form:  
By Mail: Alden March Bioethics Institute; 47 New Scotland Avenue, MC 153; Albany, NY 12208  
By Fax: 518-262-6856  
By Email: [bioethics@mail.amc.edu](mailto:bioethics@mail.amc.edu)

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