



Medical College of Ohio
Graduate School

Recommendation Form

Please return to:
Admissions Office/Graduate School
Medical College of Ohio
Mulford Library Building
3045 Arlington Avenue
Toledo, OH 43614-5805

To the Applicant: Please complete the upper portion of the Recommendation form and give it to a person who is familiar with your academic and/or employment record.

Applicant's Name _____
Last First Middle Maiden

Program Requested: ☐ Human Donation Science

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access these recommendations or to decline to do so. The College does not require that you make such a waiver as a condition for admission.

☐ I do **not** waive my right of access to this recommendation. ☐ I waive my right of access to this recommendation.

Applicant's Signature _____ Date _____

To the Referee: **Please note** as is indicated above, whether or not the applicant has waived her/his right to access your recommendation. MCO will appreciate your writing us as fully as you can concerning the applicant. We would particularly appreciate your candid opinion of the applicant's abilities to undertake graduate study, and of her/his commitment to a career as an organ procurement coordinator. Please complete the remaining portion of this form and return it to the above address. If you prefer to provide a standard letter of reference rather than responding to the questions below, please feel free to do so, but include this student waiver form.

How long and how well have you known the applicant and in what capacity?

What do you consider to be the applicant's academic or professional strengths and talents?

(Complete Other Side)

What do you consider to be the applicant's weaknesses?

How well do you think the applicant has considered plans for pursuing this profession?

Are there any other factors that bear on the applicant's ability to complete a graduate certificate program?

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate School of the Medical College of Ohio.

☐ Strongly Recommend ☐ Recommend ☐ Recommend with Reservations ☐ Do Not Recommend

Please add any additional comments you may wish to make here or on a separate sheet of paper.

Referee's Signature _____ Date _____

Referee's Name (Typed) _____ Title _____

Organization _____

Address _____

Telephone Number _____