



COLLEGE OF HEALTH RELATED PROFESSIONS
LETTER OF RECOMMENDATION

Section 1: TO BE COMPLETED BY APPLICANT

Please **type or print clearly** or your application processing will be delayed. *Once your reference has completed this form, it must be enclosed in a sealed envelope, and you must place the sealed envelope in your application package.*

Program Applying to: _____ for the Class entering YEAR _____

Applicant's Last Name _____ First Name _____ Middle Name _____

If you have educational records under a different name, give former name(s) _____ Date of Birth: _____
mm/dd/yyyy

Street _____ Apt. Number _____

City _____ State _____ Zip _____ Country (if not USA) _____

Home Phone _____ Business Phone _____ Cell Phone _____ Email _____

Name of Reference _____ Title _____

Institution/Organization _____ Contact Phone _____

In accordance with the provisions of the Family Education Rights to Privacy Act of 1974, I DO I DO NOT waive my right of access to review this letter of reference. (NOTE: If you check I DO, the recommendation will remain confidential; if you check I DO NOT, you may review the recommendation only *after* you are a matriculated student at SUNY Downstate.)

Applicant's Signature _____ Date _____

Section 2: TO BE COMPLETED BY REFERENCE

Enclose in a sealed envelope and return to the applicant for inclusion in the self-managed application. You may also submit a typed and signed letter, on letterhead, on a separate sheet of paper that is placed in a sealed envelope and returned to the applicant for inclusion in the self-managed application.

It is important that students whom we select are able to successfully meet the academic challenges of the program and also possess the personal qualifications essential to competent professional performance in their chosen health field. The applicant has selected you as someone who can provide us with such an appraisal. Therefore, we would appreciate your candid evaluation of the applicant's qualifications.

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

How would you rate your *personal* knowledge of the student?

- I know the student:
- Only from course grades
 - Not well at all
 - Moderately well
 - Fairly well
 - Very well (have had individual conversations with the student)

Does the scholastic record of the applicant reflect his/her abilities?

What are the applicant's strengths and weaknesses? (Please provide specific examples)

Describe the applicant's current assignment and special responsibilities.

Describe the applicant's relationship with his/her peers, as well as other interpersonal abilities.

Please assess the applicant relative to other students or employees whom you have known in a similar capacity.

	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top Third)	Fair (Top Half)	Poor (Bottom Third)	Unable to Judge
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical/Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Potential for Career Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation for acceptance: Strongly recommend
 Recommend
 Recommend with reservations
 Do not recommend

Comments: Attach additional sheets if necessary to comment on the above recommendation

 Print Name

 Signature

 Date