



SCHOOL OF MEDICINE
 UNIVERSITY of CALIFORNIA • IRVINE

Phone: 714.456.6719 E-mail: summerpremed@uci.edu

Instructor/Employer Recommendation Form

Applicant Name: _____ Date: _____

College/University Attending: _____

Please give this evaluation form to your instructor or employer to complete and ask them to send it directly to us.

Please sign here if you waive your rights to access this recommendation letter:

Signature of applicant: _____

Dear Evaluator,

How well do you know this applicant (please include length of time and your association)?

Please evaluate the above named applicant in relation to other students/workers at the same level of training.

Outstanding = top 10%, Good =top 25%, Average =50%, Poor =bottom 10%

| Rating of Characteristics | Outstanding | Good | Average | Poor | No opinion |
|------------------------------------|--------------------|-------------|----------------|-------------|-------------------|
| Motivation | | | | | |
| Dedication | | | | | |
| Reliability | | | | | |
| Self-Confidence | | | | | |
| Maturity | | | | | |
| Written Expression | | | | | |
| Communication | | | | | |
| Interpersonal Relationships | | | | | |
| Intelligence | | | | | |
| Leadership capability | | | | | |

Other comments or concerns (attach additional pages if needed):

Overall recommendation of applicant:

Strongly recommend: _____ Recommend: _____ Do not recommend: _____

Name of Evaluator (please print): _____

School/Workplace Name: _____

Address: _____

Contact Phone: _____ Alternate No.: _____

Signature: _____ Date: _____

Please mail or fax the completed form to:

Coordinator
UC Irvine Summer Premed Program
333 City Blvd West, Suite 2100
Orange, CA 92868
Fax: 714.456.5062 (Attn: Molly)

Or scan and e-mail to: summerpremed@uci.edu