

SABA University School of Medicine

Letter Of Recommendation

SABA University School of Medicine
C/O Education International Consultants, LLC
P.O. Box 386 Gardner, MA 01440

Applicant: _____
Last First Middle SS#

Address: _____

This individual is applying to the SABA University School of Medicine for the Medical Doctor (M.D.) degree. We greatly appreciate you taking the time to complete this form at your earliest convenience since we cannot review the applicant's record without it.

Student Waiver: I, the undersigned, request that this recommendation be kept in confidence and sent directly to the SABA University School of Medicine, P.O. Box 386, Gardner, MA 01440

Student Signature: _____ Date: _____

In what capacity do you know the applicant?

Please rate the applicant in the following categories:

Scholastic Aptitude	Upper 10%	Upper 25%	Average	Below Ave.	Unknown
Sciences					
All Subjects					
Motivation					
Self Confidence					
Oral Communication					
Written Communication					
Working with Others					
Overall Recommendation					

Please attach a letter if you wish to add any additional comments that might support this applicant for admission to a Medical Doctor degree program.

Signature: _____ Date: _____

Name: (Please Print) _____ Title: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

E-mail: _____ Fax: _____