



Office of Enrollment Management
45 Courtenay Drive
MSC 203
Charleston SC 29425-2030
oesadmis@musc.edu

Reference Form

Program: _____

Please use black ink

Name of Applicant _____
(Please type or print Last, First, Middle Initial)

(Please type or print Last, First, Middle Initial)

Applicant

Please have this form completed by a current or former instructor, advisor, or supervisor who is in a position to evaluate your potential.

Some individuals prefer not to complete reference forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence, and research capability. Therefore, the University is affording you the opportunity to waive your right of subsequent access to this reference statement. Regardless of your decision on waiving your right of future review, your application for admission will be given full consideration.

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

Date _____

Signature of Applicant

Evaluator

Name of Evaluator _____
(Please type or print)

(Please type or print)

As required by the Family Educational Rights and Privacy Act, a student may elect to waive the subsequent access to this recommendation form. In either case, the admissions committee would appreciate your opinion concerning the applicant named above.

I have known the applicant for _____ years in my capacity as _____

Do you have any reason to doubt this applicant's integrity? ☐ Yes ☐ No *If yes, please explain separately.*

Please rate the candidate in the areas listed below.
The mean score will be utilized to rank the applicant.

[illegible]

Name of Applicant _____
(Please type or print Last, First, Middle Initial)

Please compose, and attach, a reference letter for the applicant and comment on:

- 1) What you feel are the applicant's strength and weaknesses
- 2) How would you rank this applicant compared to others with regard to their probability of successfully handling advanced coursework and potential as a research scientist
- 3) Any special consideration which should be taken into account
- 4) Other comments that you feel will help us evaluate the applicant

I would recommend the applicant as follows:

	Highest Recommendation	Strong Recommendation	Recommend	Recommend with Few Reservations	Recommend with Reservations	Do not Recommend
For admission to a doctoral program						
For admission to a masters program						

Signature	Emailed, scanned, or facsimile copies of signatures shall be considered valid.	Date
Name and Title (typed or printed)		Telephone Number
Address		City/State/Zip
Email Address		
MUSC Alumni?		

Please attach any other evaluative documents to this appraisal and return it directly to the Office of Enrollment Management by email to oesadmis@musc.edu, by mail to the address above in a sealed, signed envelope, or by fax with a cover sheet to (843) 792-6356.

The Medical University of South Carolina does not discriminate on the basis of race, creed, national origin, sex, age, or disability in the recruitment and admission of students, employment of faculty and staff, and the operation of other educational activities and programs as specified by federal laws and regulations.