

Reference Form

Program: ____

Please use black ink

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

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

Name of Evaluator

(Please type or print)

Signature of Applicant

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? \Box Yes \Box 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.	Highest 5	4	3	2	Lowest 1	Unable to Rate
Enthusiasm for Medical Professions shows passion towards this career? demonstrates thirst for knowledge? 	Ο	О	О	О	О	О
Previous Research Experience • gained laboratory or other relevant experience? • participated in published research studies?	О	О	О	О	О	О
Academic Achievements • received honors or awards? • excelled in course work?	О	О	О	О	О	О
Leadership Qualities • member of academic associations? • involved in community activities?	О	О	О	О	О	О
Perseverance • overcome obstacles • understands level of commitment to succeed	О	О	О	О	О	О
Intelligence • demonstrates logical thinking, creativity and originality? • appears mentally quick, bright?	О	О	О	О	О	О
Personality • can communicate well with others? • considerate, courteous and honest?	О	О	О	О	О	О

Applicant

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

- 1) any special consideration which should be taken into account in planning for the applicant's graduate work.
- 2) what you feel are the applicant's strongest and weakest points.
- 3) how you would rank this student compared to other students with regard to his/her probability of successfully handling advanced coursework and potential as a medical professional.
- 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						

nature	Date
me and Title (typed or printed)	Telephone Number
iress	City/State/Zip
ail Address	
tress	

Please attach a letter of reference and any other evaluative documents to this appraisal, place in a sealed envelope, sign across the seal, and return to the applicant or mail directly to the Office of Enrollment Management at the address listed at the top of this form. If applicant requests that you fax this information in addition to returning the sealed original, please fax the information to the Office of Enrollment Management at (843) 792-6356.

MUSC Alumni? _____

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