



Office of Enrollment Management
45 Courtenay Drive
MSC 203
Charleston SC 29425-2030

Reference Form

Program: _____

Please use black ink

Name of Applicant _____

(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

Date _____

Signature of Applicant

Evaluator

Name of Evaluator _____

(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) 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						

Signature

Date

Name and Title (typed or printed)

Telephone Number

Address

City/State/Zip

Email Address

MUSC Alumni?

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.