

Reference Form

Program: _____

Please use black ink

Name of Applicant _____ CollegeNet Username/ID _____
(Please type or print Last, First, Middle Initial)

Permanent Address _____

Program or Department of Interest _____

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)

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.*

How would you rate this student (on a scale of 1 to 10, with 10 the highest) compared to other students at the same educational level with regard to: *(Please expand wherever possible. Use "N.O." for Not Observed.)*

Previous accomplishments	
Intellectual independence	
Capacity for analytical thinking	
Ability to organize and express ideas clearly orally	
Ability to organize and express ideas clearly in writing	
Drive and motivation	
Perseverance	
Emotional stability	
Research aptitude	
Ability to work with others	

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What do you feel are the applicant's:
 strongest points? _____

weakest points? _____

How would you rank this student compared to other students at the same educational level with regard to the probability of successful handling of advanced course work? _____

Please make other comments that you feel will help us evaluate the applicant. _____

<i>recommend the applicant as follows:</i>	Highest Recommendation	Strong Recommendation	Recommend	Recommend with Few Reservations	Recommend with Reservations	Do not Recommend
For admission to an undergraduate program						
For admission to a masters program						
For admission to a doctoral program						

Signature _____ Emailed, scanned, or facsimile copies of signatures shall be considered valid. _____ Date _____

Prefix, Name and Job Title & Organization *(typed or printed)* _____

Address _____ City/State/Zip _____

_____ Telephone Number _____

E-mail Address _____
 MUSC Alumni?

Please attach 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 with a cover sheet to the Office of Enrollment Management at (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.