

Name of Applicant _____ CollegeNet Username/ID _____
(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.