

# REFERENCE FORM

The Admissions Committee at Philadelphia College of Osteopathic Medicine, would like to thank you for taking the time to complete this evaluation form. If you would like to submit a personal letter along with this form, please do so.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

## **Evaluator information** (to be completed by evaluator)

Your Name (please print): \_\_\_\_\_

Position and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Evaluator comments** (to be completed by evaluator)

State the nature, duration and extent of your association with the applicant.

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been placed on disciplinary or academic probation?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been required to leave school or work or been denied admission because of deficiencies in conduct or scholarship?  Yes  No If Yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

What unique strengths/potential for contribution to the health science field does this applicant possess?

\_\_\_\_\_  
\_\_\_\_\_

Please describe any weaknesses of this applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please complete  
the form on the  
reverse side.*

Do you have any reservations about this applicant? If so, please explain.

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Please give your overall impression of this applicant.

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Please check how you would rate this applicant on the following:

Characteristic	Outstanding	Above Average	Average	Below Average	Unable to Judge
Cooperation					
Initiative					
Study Habits					
Intellectual Curiosity					
Intellectual Ability					
Judgment					
Expression					
Maturity					
Personality					
Reliability					
Leadership					
Personal Hygiene					
Emotional Stability					
Ethical Standards					
Self-understanding					
Attitude Toward Associates					
Ability to Inspire Confidence					

What traits indicate this applicant's probable success in his or her chosen field?

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Do you recommend this applicant for admission to the Master of Science in Forensic Medicine program of Philadelphia College of Osteopathic Medicine?  Yes  No  Undecided: Why or why not?

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**Please mail the completed evaluation to:** Philadelphia College of Osteopathic Medicine  
 Office of Admissions  
 4170 City Avenue  
 Philadelphia, PA 19131