

RECOMMENDATION FORM

The Admissions Committee at Philadelphia College of Osteopathic Medicine, would like to thank you for taking the time to complete this evaluation form. Please also submit with it a personal letter of recommendation to the Office of Admissions.

Applicant 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

If yes, please explain: _____

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.

Please give your overall impression of this applicant.

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?

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

Please mail the completed evaluation to: Philadelphia College of Osteopathic Medicine
Office of Admissions
4170 City Avenue
Philadelphia, PA 19131-1694