

RECOMMENDATION FORM

Applicant name: _____

TO THE APPLICANT:

The Federal Family Educational Rights and Privacy Act of 1974 states that students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing them may attach more significance to them if it is known that the contents will remain confidential. It is your option to waive or retain the right to review your recommendations. Please indicate your choice and sign below.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

I am an employee of Public Health Management Corporation, Philadelphia, PA or a PHMC Subsidiary:

- No. I will have this form and letter of recommendation forwarded to the following mailing address or email address for review by the PCOM Admissions Committee:

PCOM Office of Admissions
4170 City Avenue
Philadelphia, PA 19131-1694
recommend@pcom.edu

- Yes. I will have this form and letter of recommendation forwarded to the following address for PHMC Office of Organizational Development and Learning review:

Public Health Management Corporation
Office of Organizational Development and Learning
LM 500, Lower Mezzanine, West Tower
1500 Market Street
Philadelphia, PA 19102

I understand that if I am approved by PHMC to move to Stage Two of the admissions process, this form and corresponding letter will be passed from PHMC to the PCOM Office of Admissions for review by the PCOM Faculty Committee on Admissions.

Signature

Date

TO THE EVALUATOR:

_____ is applying for admission to Philadelphia College of Osteopathic Medicine. We are interested in your evaluation of his or her potential for graduate work, particularly intellectual ability, expressive ability (verbal and written), maturity, emotional stability, integrity, motivation and ethical standards. **If "Yes" is checked above, your evaluation (form and letter) will also be forwarded to the Philadelphia College of Osteopathic Medicine Office of Admissions for review.**

Please submit a letter of recommendation AND this completed form, to the appropriate address above via mail or email.

Evaluator's Name

Title

Institution/Organization

Evaluator's Signature

I have known the applicant for _____ years _____ months

I have known the applicant as a(n): graduate student undergraduate
 peer/professional other (please specify)

I know the applicant: slightly fairly well very well

The population with which I am comparing this applicant consists of:

- undergraduate students I have taught/known
- graduate students I have taught/known
- colleagues I have worked with
- people I have supervised

According to the population specified in the last item, rate the applicant, relative to other individuals at the same level, on the following characteristics. (NBJ=no basis for judgment)

CHARACTERISTICS	BELOW AVERAGE LOWER 50%	AVERAGE UPPER 50%	ABOVE AVERAGE UPPER 25%	EXCELLENT UPPER 10%	SUPERIOR UPPER 5%	NBJ
Academic ability						
General knowledge						
Scientific skepticism						
Oral expression						
Written expression						
Originality						
Social awareness/concern						
Emotional maturity						
Desire to achieve						
Ability to work with others						
Openness to cultural diversity						
Leadership skills						
Persuasive ability						
Independence/initiative						
Professionalism						
Research skills						
Teaching skills						
Potential for success						
Carefulness in work						
Judgment						
Interpersonal Skills						

My overall recommendation of this candidate:

- Recommended without reservation
- Recommended with some reservation (please note reservation)

- Not Recommended