

Letter of Reference

TO BE COMPLETED BY THE APPLICANT:

Applicant Name _____

Address _____

City _____ State _____ Zip _____

I am applying for the Masters in P&O cohort that begins in the Summer of _____ (Year)

Before giving this form to your referee, and in compliance with Federal Law P.L. 93-380, the Family Educational Rights & Privacy Act of 1974, as amended, you must mark one of these statements and sign this form:

_____ I waive my right under the above law to inspect and review this recommendation; I understand that this waiver is irrevocable.

_____ I do not waive my right to inspect and review this recommendation in person.

Applicant Signature: _____ **Date:** _____

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TO BE COMPLETED BY THE EVALUATOR:

Place an X under the rating column that best describes the applicant's character and qualifications; and include a short narrative in the space provided on Page 3 of this form.

	Above Average (Top 25%)	Average (Middle 50%)	Below Average (Lower 25%)	Poor (Lower 10%)	Unable to Rate
Motivation					
Oral communication					
Written communication					
Reliability & dependability					
Research interest					
Ability to think & work independently					
Ability to work with others; works well as a team member					
Maturity					
Professionalism					
Capacity for independent thought (curiosity, creativity, leadership)					
Performance under pressure					
Accepts constructive criticism					
Demonstrates a genuine concern for others; considerate and tolerant of others					
Technical skills					
Clinical skills					
Clinical interactions					

Have you ever had occasion to question the applicant's integrity? ____ Yes ____ No

If Yes, please explain:

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OVERALL RECOMMENDATION (Check ONE):

Outstanding	Very Good	Good	With Reservation	Not Recommended

In the space below or in a separate signed letter, please provide any other comments you may wish to make on the individual (e.g. comments on motivation and suitability for a role as a health care provider, professionalism, experience, etc.):

EVALUATOR INFORMATION

Name (please print): _____

Position/Title: _____

Address: _____

Phone: _____

I have known the applicant for approximately _____ in the capacity of:

___ Faculty Member/Instructor

___ Academic Advisor

___ Employer/Supervisor

___ Other (specify): _____

Overall, I think I know the applicant: ___ Very well ___ Fairly well ___ Only casually

Evaluator Signature _____ **Date:** _____

INSTRUCTIONS FOR SUBMISSION

Evaluator,

Please return this form directly to the applicant in a signed and sealed envelope with the applicant's name clearly printed on the front.

It is the applicant's responsibility to include and submit their Recommendations to NUPOC as part of a

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complete application packet.