

Student Recommendation Form

APPLICANT NAME: _____

SCHOOL: _____

This student has asked you to provide an assessment of his/her suitability as a participant in the demanding six-week U-DOC Summer Program. *We rely heavily on your recommendation, particularly concerning non-academic characteristics.* We are interested in students who have previously demonstrated an interest in health careers or could benefit from learning about such options. We try to admit students who have demonstrated past academic achievement or who are capable of handling a college curriculum in the future, although their high school grades may not presently reflect this.

Characteristics	Out- Stand- ing	Very Good	Good	Fair	Poor	Unable to judge
INTELLECTUAL CAPACITY: Ability to ingest, integrate and work with a large quantity of information						
MOTIVATION: Genuineness and depth of commitment to the health care profession						
MATURITY: Personal development, ability to cope with life situations						
INTERPERSONAL RELATIONS: Ability to get along with others, rapport, cooperation, attitude toward supervision						
EMPATHY: Sensitivity to the needs of others, consideration, tactfulness, respect toward individuals who may be ill, disabled or elderly.						
EMOTIONAL STABILITY: Performance under pressure, mood stability, constancy in ability to relate to others						
ANALYTICAL SKILLS: Ability to problem solve, correlate and process information, and to think critically						
JUDGMENT: Ability to evaluate a problem involving people, common sense and decisiveness						
RESOURCEFULNESS: Ability to discover new resources and to manage new and already present resources skillfully						
RELIABILITY: Dependability, sense of responsibility, promptness, conscientiousness						
LEADERSHIP: Ability to initiate, lead and/or supervise others						
COMMUNICATION SKILLS:	Verbal skills, clarity of expression, articulateness					
	Clarity and conciseness of written expression					
PERSEVERANCE: Stamina, endurance						
INTEGRITY: Honesty, trustworthiness, uprightness, probity						
CREATIVITY: Ability to generate new and novel ideas, or approaches to problems						
Overall Recommendation:	<input type="checkbox"/> This applicant receives my highest recommendation without reservation	<input type="checkbox"/> I recommend this applicant with confidence	<input type="checkbox"/> I recommend this applicant	<input type="checkbox"/> I would not recommend this applicant for admission		

STUDENT'S STRENGTHS AS YOU SEE THEM:

STUDENT'S WEAKNESSES AS YOU SEE THEM ("none apparent" is an acceptable answer):

IF ACCEPTED INTO U-DOC, the student will live in a college dormitory setting with other participants. Please discuss whether you feel this student is capable of handling this level of responsibility in the areas of personal conduct, time management and self-discipline.

SUMMARY EVALUATION: (Overall impression of student and in what way(s) that you are aware of, does this student meet the eligibility criterion of being disadvantaged?)

Evaluator's Name

Signature

Date

Position/Department

Address

(____)_____
Phone Number

City, State Zip Code

Please send to: Felicity Abeyta, Office of Multicultural Affairs, School of Medicine, University of Washington, Box 357430, Seattle, WA 98195 Questions, contact: 206-616-5522