

RECOMMENDATION FORM

Applicant Name (Last, First)		Date	
College Applied To (e.g., Dentistry)		Program (e.g., DDS)	

The Family Educational Rights and Privacy Act [FERPA] of 1974 and its amendments guarantee students access to their education records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

Signature:		I waive my right to inspect the contents of this recommendation.
Signature:		I do not waive my right to inspect the contents of this recommendation.

Note: (1) Recommender enters your information below.

RECOMMENDER INFORMATION			
Name (Last, First)		Highest Degree Earned	
Position - Work		Telephone - Work	
Employer - Work			

Note: (1) No more than 60 words per section.

APPLICANT OVERVIEW
How long and in what capacity have you known the applicant?
What do you consider to be the applicant's outstanding talents or strengths?
What do you consider to be the applicant's major liabilities or weaknesses?
Other comments you believe might be helpful to the Admissions Committee?

Mail Recommendation Form to:

The University of Tennessee Health Science Center
 Office of Enrollment Services
 910 Madison Avenue, Suite 520
 Memphis, TN 38163
 (901) 448-5560

COMPARATIVE ASSESSMENT

In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

Notes: In making your assessment, please select one of the following

- ❖ Superior (top 5%)
- ❖ Good (75-95%)
- ❖ Average (50-74%)
- ❖ Poor (Below 50%)
- ❖ Unknown

<input type="checkbox"/> Intellectual ability	
<input type="checkbox"/> Ability to analyze a problem and formulate a solution	
<input type="checkbox"/> Oral communication skills	
<input type="checkbox"/> Written communication skills	
<input type="checkbox"/> Competent	
<input type="checkbox"/> Leadership	
<input type="checkbox"/> Creativity/Innovation	
<input type="checkbox"/> Cooperativeness	
<input type="checkbox"/> Dependability	
<input type="checkbox"/> Motivation	
<input type="checkbox"/> Self-Discipline	
<input type="checkbox"/> Initiative	
<input type="checkbox"/> Integrity	

Notes: For overall assessment, please select one of the following

- ❖ Highly recommend
- ❖ Recommend without reservation
- ❖ Recommend with reservation
- ❖ Do not recommend

OVERALL ASSESSMENT

Your overall assessment of the applicant's ability to complete an advance academic degree:	
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