



Center for Pre-Health Professions Recommendation Form

Name of Applicant: _____

Name of Evaluator: _____

The Family Educational Right and Privacy Act (FERPA) requires that each applicant will have the right to view his or her letters of recommendation. Applicants may waive that right but are not required to do so.

- I grant representatives of Marquette University to send these letters to schools, programs or application services to which I have applied
- I waive my right of access to the information provided in this letter of recommendation. By waiving this right, I understand that I will not be able to read or have access to the information provided in this letter to the extent allowed by law.
- I do not waive my right of future access to this letter of recommendation.

Signature of Applicant

Date

Please fill out the objective criteria below. Our pre-health office will use the data below to create one master objective assessment form that will serve as the cover for all subjective letters. It is important that your attached subjective letter match up with the objective criteria below (i.e. if you write a glowing letter but only check “good” for each area, that causes confusion as we compile the master objective assessment form.) Thank you for your time and please contact us if you have any questions or concerns. **Please make sure the subjective letter is on your company or university letterhead and includes your signature.**

Part 1 of recommendation form, objective assessment*:

	Outstanding	Excellent	Good	Average	Below Average	Cannot judge
Interpersonal Competencies						
Service Orientation: Desire to help others and sensitivity to others’ needs and feelings						
Social Skills: Awareness of others’ needs and feelings and ability to recognize and respond to behavioral cues						
Teamwork: Ability to work with others to achieve shared goals, works well as a team member						
Oral Communication: Ability to convey information to others as well as ability to listen effectively						

	Outstanding	Excellent	Good	Average	Below Average	Cannot judge
Intrapersonal Competencies						
Ethical Responsibility to Self and Others: Tendency to adhere to ethical principles and follows rules and procedures, demonstrates ethical and moral reasoning						
Reliability and Dependability: Fulfillment of obligations in a timely and satisfactory manner						
Resilience and Adaptability: Demonstrates an ability respond or perform well in difficult or stressful situations						
Thinking and Reasoning Competencies						
Critical Thinking: Ability to use logic and reasoning to problem solve						
Written Communication: Ability to convey information to others						
Science Competencies (for some recommenders, not all)						
Application of the scientific process to solve problems and formulate questions and answers						
Other						
Understanding of and motivation for the chosen profession						
OVERALL RANKING OF THIS APPLICANT						

*Objective assessment was created with help from the AAMC Letter of Evaluation Guidelines, www.aamc.org

Part 2 of recommendation form, subjective assessment: Please make sure the subjective letter is on your company or university letterhead and includes your signature.

Please attach a typed letter of recommendation to this form. This is a critical part of the application review. Be sure to provide an accurate assessment of the applicant's suitability for their chosen program. Professional programs do not expect any one letter writer to provide information about every characteristic of an applicant. A note on ideas about what things you could include in this letter is attached. **The attached letter must be on letterhead and include your signature.** You may email the **signed** documents to laurie.goll@marquette.edu, or if you are unable to send signed documents electronically, please send via campus mail to Laurie Goll, College of Health Sciences, Schroeder Complex, 244, or via U.S. mail to:

Laurie Goll, Pre-Health Advisor
 Marquette University, College of Health Sciences
 Schroeder Complex, 244
 PO Box 1881
 Milwaukee, WI 53201-1881

To the recommender: Please turn in letters for medical or dental school applicants by July 15. Please email laurie.goll@mu.edu if you know you will not meet that deadline.