

Reference Form

Program: _____

Please use black ink

Name of Applicant _____ CollegeNet Username/ID _____
(Please type or print Last, First, Middle Initial)

Permanent Address _____

Program or Department of Interest _____

Applicant

Please have this form completed by a current or former instructor, advisor, or supervisor who is in a position to evaluate your potential.

Some individuals prefer not to complete reference forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence, and research capability. Therefore, the University is affording you the opportunity to waive your right of subsequent access to this reference statement. Regardless of your decision on waiving your right of future review, your application for admission will be given full consideration.

I do ☐ do not ☐ waive my right of subsequent access to this recommendation form.

Date

Signature of Applicant

Evaluator

Name of Evaluator _____
(Please type or print)

As required by the Family Educational Rights and Privacy Act, a student may elect to waive the subsequent access to this recommendation form. In either case, the admissions committee would appreciate your opinion concerning the applicant named above.

I have known the applicant for _____ years in my capacity as _____

Do you have any reason to doubt this applicant's integrity? ☐ Yes ☐ No *If yes, please explain separately.*

How would you rate this student (on a scale of 1 to 10, with 10 the highest) compared to other students at the same educational level with regard to: *(Please expand wherever possible. Use "N.O." for Not Observed.)*

| | |
|--|--|
| Previous accomplishments | |
| Intellectual independence | |
| Capacity for analytical thinking | |
| Ability to organize and express ideas clearly orally | |
| Ability to organize and express ideas clearly in writing | |
| Drive and motivation | |
| Perseverance | |
| Emotional stability | |
| Research aptitude | |
| Ability to work with others | |

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What do you feel are the applicant's:
strongest points? _____

weakest points? _____

How would you rank this student compared to other students at the same educational level with regard to the probability of successful handling of advanced course work? _____

Please make other comments that you feel will help us evaluate the applicant. _____

| <i>recommend the applicant as follows:</i> | Highest Recommendation | Strong Recommendation | Recommend | Recommend with Few Reservations | Recommend with Reservations | Do not Recommend |
|--|---------------------------|--------------------------|-----------|------------------------------------|--------------------------------|---------------------|
| For admission to a doctoral program | | | | | | |

Signature _____ Emailed, scanned, or facsimile copies of signatures shall be considered valid. _____ Date _____

Prefix, Name and Job Title & Organization *(typed or printed)* _____

Address _____ City/State/Zip _____

_____ Telephone Number _____

E-mail Address _____

MUSC Alumni

Please attach any other evaluative documents to this appraisal and return it directly to the Office of Enrollment Management by email to oesadmis@musc.edu, by mail to the address above in a sealed, signed envelope, or by fax with a cover sheet to (843) 792-6356.

The Medical University of South Carolina does not discriminate on the basis of race, creed, national origin, sex, age, or disability in the recruitment and admission of students, employment of faculty and staff, and the operation of other educational activities and programs as specified by federal laws and regulations.