



CHARLES R. DREW UNIVERSITY
OF MEDICINE AND SCIENCE
A Private University with a Public Mission

Graduate Studies Recommendation Form

PLEASE PRINT LEGIBLY

Applicants Full Name: _____

Program Applying To: _____

TO THE APPLICANT: By submitting this recommendation form, you are waiving your right to review recommendation submissions by the recommender. For each recommendation form, provide a self-addressed envelope in which the recommender will insert the completed form and seal and send to the University.

Appropriate References include the following:

- A professor who can assess your professional and academic achievement if you have graduated in the last 5 years.
- Your most recent employer/supervisor.
- A professional person (not a relative) who is well acquainted with your professional practice and academic achievement.

Complete this form and give it to an individual who has agreed to serve as a reference for you and provide them with an envelope addressed to:

Charles R. Drew University of Medicine and Science
Office of Admissions
1731 East 120th St.
Los Angeles, CA 90059

TO THE RECOMMENDER: This applicant is submitting an application for admission into the graduate studies program at Charles R. Drew University of Medicine and Science and has requested that your evaluation be included as part of the information on which the selection committee will base its decision. We are encouraging applications from individuals who possess intellectual and interpersonal qualities that are essential for securing professional opportunities in the graduate program. We encourage your candidness in providing an honest and thorough evaluation of the applicant.

Recommendation forms received by Charles R. Drew University of Medicine and Science are the property of the University. They are confidential and will only be reviewed by the Office of Admissions and faculty on the academic department Admissions Committee.

INSTRUCTIONS FOR RETURNING RECOMMENDATION: Please place this recommendation in the envelope, seal and sign across the seal. Return the sealed envelope to the Office of Admissions at the address above.

Please type or print:

Your Name: _____ Title: _____

Telephone: _____ Email Address: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Signature: _____ Date: _____

1. How long have you known the applicant and in what capacity? (use additional sheets if needed)

2. Do you consider the applicants achievements thus far to be a true indication of his/her ability? Please explain.
(use additional sheets if needed)

YES NO

3. Personal and professional appraisal: (please check the appropriate box for each category).

	Very Strong	Strong	Average	Below	N/A
Intellectual Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please note any strengths and/or weaknesses as well as academic and/or professional achievements of the applicant and his/her potential for succeeding in a rigorous academic environment and as a nursing professional. (use additional sheets if needed)

5. Do you recommend the applicant for admission to Charles R. Drew University of Medicine and Science?

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend