



Charles R. Drew University of Medicine and Science

TO THE RECOMMENDER: This applicant is submitting an application for admission into an undergraduate 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 program. We encourage your candidness in providing an honest and thorough evaluation of the applicant.

Recommendation letters & 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 Enrollment and faculty on the academic department Admissions Committee.

Please type or print the following:

Applicant Information:

Applicants Full Name: _____

Program Applying To: _____

Recommender Information:

Recommender Name: _____

Title: _____

Organization: _____

Telephone: _____ **Email Address:** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

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

2. Please describe the applicant's strengths and weaknesses (use additional sheets if needed)

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

	Very Strong	Strong	Average	Below	N/A
Leadership					
Motivation					
Self Confidence					
Initiative					
Academic Ability					
Effective Class Discussion					
Communication Skills					
Disciplined Work Habits					
Emotional Maturity					

4. Please comment on the applicant's academic and/or professional achievements as well as his/her ability to succeed in the rigorous academic environment of Charles Drew University of Medicine and Science. We are particularly interested in the applicant's general contributions to the school or community and his/her relationships with students, faculty, and/or patients in a healthcare setting. (use additional sheets if needed)

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

Strongly Recommend	Recommend	Recommend with Reservations	Do not Recommend

Signature _____ Date: _____