



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

## Graduate Studies Recommendation Form

**TO THE APPLICANT:** Please print your name below. Submission of a recommendation form, you are waiving your right to review recommendation submissions by the recommender. Make three (3) copies of this form and give this form to your recommenders. For each recommendation form, provide a self-addressed envelope in which the recommender will insert the completed form and seal and return to you prior to submitting your application.

**PLEASE PRINT LEGIBLY**

Applicants Full Name: \_\_\_\_\_

Recommenders Name: \_\_\_\_\_

**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.

**1. How long have you known the applicant and in what capacity?**

\_\_\_\_\_  
 \_\_\_\_\_

**2. Do you consider the applicants achievements thus far to be a true indication of his/her ability? Please explain.**

YES       NO

\_\_\_\_\_  
 \_\_\_\_\_

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

	Very Strong	Strong	Average	Below Average	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. (Please print or attach on separate sheet).

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

Please type or print:

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Instructions for Returning Recommendation

Please place this recommendation in the envelope (provided by the applicant), seal and sign across the seal. Return the sealed envelope to the applicant. The applicant will submit your recommendation as part of the admissions application. Thank you for your assistance.