

CONFIDENTIAL RECOMMENDATION

APPLICANT: *Please read and complete Section I.*

Section I

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations.

The following signed statement indicated the wish of the applicant regarding this recommendation.

| |
|---|
| <input type="checkbox"/> I DO WAIVE my right to inspect the contents of the following recommendation. |
| <input type="checkbox"/> I DO NOT WAIVE my right to inspect the contents of the following recommendation. |

| |
|-----------|
| SIGNATURE |
|-----------|

Applicant's Name:

Last

First

Middle Initial

Phone

Email Address

RECOMMENDER: *Please read and complete Section II.*

Section II:

The above student wishes you to write a letter of recommendation on behalf of his/her application for admission to the Summer Program for Future Doctors at the Brody School of Medicine of East Carolina University. We would greatly appreciate your objective evaluation of the applicant's qualifications. Please complete this form or, if you prefer, attach a letter of recommendation to this form. Thank you for your assistance.

Please specify the group with which you are comparing this student:

All Undergraduates
 Undergraduate Majors in _____
 M.S. Candidates
 Ph.D. Candidates

In what capacity do you know this student?
 Advisor
 Biology Instructor
 Chemistry Instructor
 Other:

Specify Other _____

| Evaluation | Excellent (upper 5%) | Good (6-20%) | Average (21-60%) | Below Average (<60%) | No Basis For Judgment |
|--|-------------------------|-----------------|---------------------|----------------------------|--------------------------|
| Overall intellectual ability | | | | | |
| Understanding of the fundamentals of his/her major | | | | | |
| Ability to grasp ideas quickly | | | | | |
| Ability to organize and apply facts and ideas | | | | | |
| Motivation | | | | | |
| Industry | | | | | |
| Curiosity | | | | | |
| Ability to handle stressful situations | | | | | |
| Ability to interact well with others | | | | | |
| Ability to operate as a responsible adult | | | | | |
| Leadership Potential | | | | | |

This form is used to help reach decisions on admission to the Summer Program for Future Doctors. It is not retained as part of the official academic record of a student who enrolls at East Carolina University.

Applicant's Name _____

In order to make your nominee more competitive, it is necessary to provide additional information on the characteristics which would make this person successful in our program. Please comment on your perception of the candidate's strengths as well as weaknesses. Be as specific as possible.

Do you think the applicant's class standing or grades adequately reflect his/her scholastic abilities? If not, please comment.

Include additional comments concerning maturity, motivation, personality, extracurricular activities, or any other factors which you think are pertinent to the student's performance in a competitive academic setting.

I recommend this student: *(choose one)*

- Highly recommend
- Recommend with Confidence
- Recommend
- Recommend with Reservation
- Not Recommended

Name (Type or Print)

Signature

Title or Department

Date

College/University

(_____) _____
Telephone Number

Street Address

Please return form by email to SPFD@ecu.edu
If you have any questions, please call 252.744.2149

City State Zip Code