Drexel University College of Medicine
In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

Confidential Letter of Recommendation

FOR GRADUATE ADMISSION

WAIVER OF RIGHT OF ACCESS TO EDUCATIONAL RECORDS: I hereby waive my right to this confidential appraisal, which is part of my educational record in possession of the Office of Admissions and/or Registrar. I understand that I am under no obligation to sign this waiver.

Signature _____ Date _____

To the Applicant: You MUST complete items 1 through 4 on this form. Please type or print.

1. Applicant's Name _____
LAST (FAMILY) NAME FIRST (GIVEN) MIDDLE

2. Program desired _____ 3. Application deadline date _____ / _____ / _____
MONTH DAY YEAR

4. Social Security number _____

To the Recommender: Please complete items 5 through 9. Please return form to applicant in a signed and sealed envelope.

5. Name of Recommender _____

6. Position _____

7. Address _____

8. Phone (include area code, please) _____

9. We would appreciate your evaluation of the applicant. Please answer the following questions:

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

_____

_____

_____

B. Describe the applicant's character in terms of academic integrity, honesty, perseverance, and leadership qualities.

_____

_____

_____

C. Do you know of any weaknesses that might limit the applicant's chances for success in graduate work?

_____

_____

_____

(please continue on back)

D. How well does the applicant express himself or herself orally and in writing?

E. In comparison with other students whom you have taught during the past five years, how does the applicant rank in scholarship? (Please explain)

☐ Best in years ☐ Top 10% ☐ Good ☐ Average

Clinics (when applicable): Please rank in clinical ability. (Please explain)

☐ Best in years ☐ Top 10% ☐ Good ☐ Average

F. If there were an opportunity, would you accept the applicant for a

Doctoral program: ☐ Yes ☐ No (please explain)

Master's program: ☐ Yes ☐ No (please explain)

G. **We would greatly appreciate any additional remarks that might help the Admissions Committee make a fair and proper decision concerning this applicant.** Please make a note of any attributes of maturity, personality, motivation, and scientific aptitude that will further describe the applicant. Continue on an additional sheet if necessary.

Signature _____ Date _____

Please return this confidential document to:

Office of Biomedical Graduate Studies
Drexel University College of Medicine
2900 Queen Lane, Room 239
Philadelphia, PA 19129