



# JEFFERSON COLLEGE of HEALTH SCIENCES

## Graduate Recommendation Form

### Section II (to be completed by recommender):

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

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Please carefully evaluate the applicant in the following areas. Please compare the applicant to other individuals you have known who have similar levels of experience and education:

Area of Assessment	Superior	Good	Average	Poor	Unknown
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative Reference: Jefferson College of Health Sciences recognizes that check-off items sometimes do not provide a complete picture of an applicant's abilities. We encourage you to further describe this applicant's professional strengths and needs, personal qualities, and readiness for graduate study in the space below. Please attach additional comments as desired.

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of HEALTH SCIENCES

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## Graduate Recommendation Form

After reflecting on your reference, please make an overall assessment of the applicant as to his or her ability to complete an advanced academic degree by checking one of the boxes below:

- |  |   |
|--|---|
| <input type="checkbox"/> Strongly Recommend          | <input type="checkbox"/> Recommend        |
| <input type="checkbox"/> Recommend with reservations | <input type="checkbox"/> Do not recommend |

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

Name Printed or Typed \_\_\_\_\_ Credentials \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_