

RECOMMENDATION FORM

Name of Applicant _____

Please return to me by _____

The above named candidate has asked you to give the screening committee of the Medical Science region program an appraisal of his/her ability. Please use the check list of the five qualities and also make any comments that you feel will be helpful in assessing his/her qualifications. This recommendation will become part of the program candidate file at CEANCI.

Rate this student by checking (X) the appropriate number on the scale (5=highest rating; 1=lowest rating)

CHARACTER	5	4	3	2	1
Motivation					
Self-discipline					
Leadership					
Concern for Others					
Integrity					

Comments:

Evaluator's Name _____

Signature of Evaluator _____ Date _____

School/Business _____

Position Held _____ Contact (____) _____