

University of Notre Dame Health Professions Recommendation Form

To be completed by the applicant:

Name: _____

Federal law requires that this form be available for review by the applicant unless he/she waives the right to inspection. **Applicants are asked to check one of the boxes, then sign and date below.**

I do waive, or do not waive my right of access to this evaluation.

Signature: _____ Date: _____

To be completed by the faculty or personal evaluator:

Name of Evaluator

Signature

Date

Institution

Address: City, State, Zip Code

Professional schools will only accept letters on letterhead with a signature

Section 1 Rating of the personal characteristics of the applicant: please indicate, with a check for each characteristic, your opinion of this applicant in comparison with other pre-health students you have known.

CHARACTERISTICS	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	No basis for evaluation
MOTIVATION: Depth and duration of commitment						
INTELLECTUAL CURIOSITY and ABILITY: Evidence of desire for learning depth of understanding, study habits						
CHARACTER: Integrity, sincerity, honesty, ethics						
RELIABILITY: Promptness, dependability						
EMPATHY and SERVICE: Demonstrated evidence of compassion and sensitivity to the need of others						
SOCIAL and INTERPERSONAL SKILLS: Ability to relate well with others, cultural competence						
TEAMWORK and LEADERSHIP: ability to inspire and collaborate with others, demonstrate initiative						
RESILIENCE and ADAPTABILITY: confidence, self-knowledge, awareness of strengths and weaknesses						
COMMUNICATION SKILLS: Ability to establish trusting relationships						

Section 2 Overall Recommendation Rating: Please check your overall evaluation of this applicant's potential as a graduate student in a clinical health profession.

- ___ Recommended Enthusiastically
- ___ Recommended with Confidence
- ___ Recommended
- ___ Recommended with Reservation

Center for Health Sciences Advising, 219 Jordan Hall of Science Notre Dame, IN 46556
You may fax a signed letter on letterhead to 574-631-4505.