



SAMUEL MERRITT UNIVERSITY, JULY 15 - 26, 2019

ACADEMIC RECOMMENDATION

This form may be completed by any reference familiar with a student's work in the academic setting (professor, TA, advisor, etc.). Your input will be very helpful in determining if this applicant can meet the standards of the program. Use black or blue ink only!

Please return your recommendation to the student applicant as completed applications must be in our office by **5:00 PM PST on April 12, 2019**. You can also submit your recommendation online by visiting our website at www.facesforthefuture.org.

PART A: APPLICANT INFORMATION

Applicant's Full Name: _____

Reference's Full Name: _____

Academic Institution: _____

Phone: _____ Email: _____

Recommender's Signature: _____ Date: _____

PART B: RECOMMENDATION

1. How long have you know the applicant? _____

2. In what classes have you taught him/her? Under any other circumstances?

3. Please check how you rate the applicant's characteristics and motivation:

	Strongly Agree	Agree	Somewhat Agree	Disagree
Has positive attitude				
Demonstrates leadership				
Self-starter, has intellectual				
Is highly motivated				
Able to ask for help				
Takes responsibility for own actions				

1. Please describe the applicant's initiative, resiliency and/or leadership potential that you have observed.

2. Please describe the applicant's academic performance, including attendance, attitude and responsibility.

3. Please describe whether the applicant demonstrates a level of maturity and academic preparedness that is consistent with a strong potential for success in college and in a medical career. Describe any concerns you may have.

4. Please comment on the applicant's potential for overall success in this program.

5. Is there additional information you feel would assist the FACES Summer Medical Academy in evaluating the applicant for admission?

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