RECOMMENDATION FOR
THE GRADUATE STUDIES PROGRAM
at ALBANY MEDICAL COLLEGE

____
(*Applicant's Name*)

____
(*Applicant's Signature*)

Degree Desired: MS PhD _______________________________________
(*Center*)

_______ Has waived right of access to evaluation _______ Has not waived right of access to evaluation

(APPLICANT must provide all above information including "right to access" choice. If one of the above has not been indicated, the recommendation will be treated as Confidential.)

RECOMMENDER:____
(*Recommender's Name & Title***)**

The above-named person is applying to the Graduate Studies Program and requests your evaluation to assist in their application. This evaluation is in two parts, the grid below and your narrative comments. The original of your evaluation will be retained in the applicant's file in the Graduate Studies Program Office. We appreciate your assistance.

(Please rate the applicant in comparison with others applying for professional graduate education)

Your Estimate of the Student:	**TOP 5%**	**TOP 20%**	**TOP 50%**	**BELOW 50%**	**UNABLE TO ASSESS**
Scholarship					
Originality					
Independence as a Worker					
Dependability					
Effectiveness of English Communication: a) Oral					
b) Written					
Promise as a Biomedical Scientist/ Health Professional					

--OVER--

Please return this form to:
Graduate Studies Program MC-16
Albany Medical College
47 New Scotland Avenue
Albany, NY 12208-3479

Describe your association with the Applicant. Please give your candid evaluation of this applicant, including observations of the applicant's intellectual ability, academic performance, character and promise for advanced graduate study. Please identify the strengths and any potential weaknesses that should be considered in evaluating the Applicant's potential as a Biomedical Scientist/Health Professional. Please type your comments in the space provided below.

____

NAME & TITLE (Please Type) **DEPARTMENT AND/OR ADDRESS**

____

______________________ ______________________ ______________________

TELEPHONE NUMBER **FAX NUMBER** **E-MAIL ADDRESS**

______________________________ ______________________

SIGNATURE **DATE**