

RECOMMENDATION FORM PHYSICIAN ASSISTANT STUDIES PROGRAM

PHILADELPHIA UNIVERSITY

APPLICANT

Please fill in your name, social security number, address, and sign waiver.

APPLICANT NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

I hereby voluntarily waive my right of access to any information contained in this recommendation form and agree that the information contained in the form should remain confidential.

Signature of Applicant

Date

EVALUATOR

Please answer the below listed questions according to your best knowledge of the applicant. The Physician Assistant Studies Program cannot guarantee the confidentiality of your statement unless the applicant has signed the above waiver statement. Thank you for your assistance.

1. How long have you known the applicant? _____
2. What is your relationship with the applicant? _____

Please comment on the applicant's strengths and weaknesses in the following areas. You may write "N/A" if an area is not applicable or if you have no knowledge of the applicant's abilities in that area.

3. Academic or intellectual ability: _____

4. Verbal communication skills: _____

5. Written communication skills: _____

6. Ability to accept and utilize constructive criticism: _____

7. Motivation and/or perseverance: _____

8. Interactions with clients and/or patients: _____

9. Empathy: _____

10. Emotional stability/maturity: _____

11. Problem-solving skills: _____

12. Ability to get along and work with others: _____

13. Additional comments (use additional paper if necessary): _____

14. May we contact you for additional information? Yes No

15. Overall recommendation (please check one):

- This applicant has my highest recommendation.
- I recommend this applicant highly, without reservation.
- I recommend this applicant.
- I recommend this applicant, with some reservations.
- I do not recommend this applicant.

NAME: _____

TITLE: _____ AGENCY: _____

ADDRESS: _____
CITY STATE ZIP COUNTRY

PHONE NUMBER: _____ E-MAIL: _____

SIGNATURE OF EVALUATOR

DATE

PLEASE NOTE: Place this recommendation in a sealed envelope, with your signature across the flap, and return it to the applicant. The Physician Assistant Studies Program requires that all recommendations be mailed together with the student's application for admission. Thank you for your assistance.