

UNIVERSITY OF CONNECTICUT
 COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES
 DEPARTMENT OF ALLIED HEALTH SCIENCES
PROFESSIONAL PROGRAM APPLICATION RECOMMENDATION FORM

To be completed by the applicant:

Name of Applicant (LAST, FIRST, MIDDLE, INITIAL)

PeopleSoft ID:

Program(s) of Application:

DIAGNOSTIC GENETIC SCIENCES

MEDICAL LABORATORY SCIENCES

DIETETICS

I waive the right to review this recommendation (sign and date below)

To be completed by the evaluator: Please complete and return this form by **February 1st**

Please make a frank appraisal of the applicant's character, personality, abilities and suitability for the program indicated above by the applicant.

Name of evaluator:		
How long have you known the applicant?		
In what capacity do/did you know the applicant (circle or highlight or delete options as appropriate)	Faculty advisor Faculty (specify course) Employer (specify) Supervisor (specify) Other (specify)	
I know the applicant	very well fairly well only casually	

4) Please place an **X** under the rating column which best describes this applicant for each of the following characteristics?

CHARACTERISTIC EVALUATED	Excellent/ Superior	Above Average/ Very Strong	Average/Typical for Student at this Level	Below Average/Not acceptable	NO BASIS FOR JUDGMENT
Academic Ability					
Quality of Work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					
Ability to handle stress					

For the questions below, you may use this form or submit a separate letter of recommendation.

5) Does the applicant possess any special assets that should be noted?

6) Does the applicant demonstrate any weaknesses that you feel would hinder his/her ability to perform effectively in the professional program?

7) Other comments:

8) Recommendation concerning admission:

I highly recommend this applicant	
I recommend this applicant with reservation	
I recommend this applicant	
I am not able to recommend this applicant	

Provide below your

Name

Title

Affiliation

Street Address

City

State

Zip

Email

Telephone

Electronic signature (if available).

Thank you for your evaluation of this applicant.

Please save this document file as a PDF and email to alliedhealthadmissions@uconn.edu

For Questions, Please Contact

University of Connecticut

Department of Allied Health Sciences

Professional Program Admissions

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