



Recommendation Form

Graduate Schools and Postbaccalaureate Premedical Program

NAME OF APPLICANT

Applicant's Name:

(Enter name exactly as it appears on official documents.) LAST/FAMILY/SUR FIRST MIDDLE

Present Mailing Address:

NUMBER AND STREET APARTMENT #

CITY/TOWN STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

Permanent email address:

Permanent Home Phone: ()

PLEASE SELECT THE SCHOOL FOR WHICH YOU ARE APPLYING.

- Postbaccalaureate Premedical Program Graduate School of Arts & Sciences
- Graduate School of Social Work and Social Research

To the Applicant, please complete the information above. Read the waiver statements and sign the one you prefer. If you do not sign, your access to the reference letter will be waived.

The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of evaluation in their permanent record file at Bryn Mawr College. The applicant may waive this right of access, in which case letters of evaluation will be considered confidential by Bryn Mawr and will not be available to the student.

- I waive my right of access to this letter of recommendation.
- I do not waive my right of access to this letter of recommendation.

Applicant's Signature _____ Date _____

Recommender Name:

LAST FIRST MIDDLE

Position or Title:

Employer:

Address:

NUMBER AND STREET APARTMENT #

CITY/TOWN STATE/PROVINCE COUNTRY ZIP/POSTAL CODE

Phone: ()

Email:

To the Recommender, the candidate named above has applied to Bryn Mawr College for admission. The Admissions Committee is interested in learning more about her/his intellectual potential, personal qualifications and ability to pursue a demanding course of study. Please provide an evaluation of this applicant's qualifications on official letterhead and attach to this form.

RATING AND RECOMMENDATION

Rating	Poor	Average	Good	Very Good	Outstanding	Unable to Judge
Intellectual Ability						
Academic Achievement						
Creative Qualities						
Maturity and Emotional Stability						
Leadership Potential						
Initiative						
Ability to Express Ideas Orally						
Ability to Communicate in Writing						
Ability to Accept Constructive Feedback						
Ability to Respect Other's Differences						
Flexibility						
Sensitivity						
Concern for Others						

SUMMARY RECOMMENDATION

- I do not recommend this applicant for admission.
- I believe that the applicant's qualifications are marginal, but the applicant has potential and would benefit from study in the program.
- I recommend this applicant for admission and believe that his/her performance should be comparable to that of most students.
- I strongly recommend this applicant for admission and believe that he/she has the capability to perform at a superior level.

Recommender's Signature: _____ **Date:** _____

Recommendations for Postbaccalaureate Candidates Only

- Once the candidate has enrolled in the program, copies of these recommendations may be used for admission to professional schools of health sciences. Copies may also be used in support of the student's candidacy for prizes, awards, fellowships, grants or positions.