

As stated on the application for admission, you are required to submit three reference letters from sources who are not family or close friends. Each letter must be submitted using this reference form.

Reference Provider's Name: _____

Title: _____

Relationship to Candidate: _____

This section to be completed by applicant prior to sending to reference respondents:

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations.

Students who waive their right to inspect and review letters of recommendation may still request the names of individuals who have provided the statements of recommendation. Students have the right to later revoke this waiver in writing. Students may inspect and review any actions occurring after receipt of a revocation.

The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will not constitute a waiver.

- I waive my right to inspect the contents of the following recommendation.
- I do not waive my right to inspect the contents of the following recommendation.

Signature

Date

To the reference/recommendation provider:

(Print applicant's name:) _____ is applying for admission to the graduate physician assistant program at Monmouth University. Along with other materials, your responses on this form will be carefully evaluated by the Admission Committee of the physician assistant program. Please place the completed form in an envelope, seal the envelope, **sign your name across the seal**, and mail the sealed envelope to the Office of Admission Processing. Thank you for your assistance.

KNOWLEDGE OF THE APPLICANT

1. Approximately how long have you known the applicant? Years _____ Months _____
2. In general, how well do you know the applicant? Casually Well Very Well
3. In what capacity/capacities have you known the applicant? Please describe:

EVALUATION OF THE APPLICANT

1. Please rate the applicant on each of the following indicators:

	Poor	Below Average	Average	Excellent	Superior	Not Applicable
Readiness for graduate-level work	1	2	3	4	5	N/A
Writing skills	1	2	3	4	5	N/A
Oral expression	1	2	3	4	5	N/A
Problem-solving skills	1	2	3	4	5	N/A
Motivation for continuous improvement	1	2	3	4	5	N/A
Quantitative and computer skills	1	2	3	4	5	N/A
Interpersonal skills	1	2	3	4	5	N/A
Ability to accept feedback	1	2	3	4	5	N/A
One-on-one interaction skills	1	2	3	4	5	N/A
Group interaction skills	1	2	3	4	5	N/A
Motivation to help others	1	2	3	4	5	N/A

Please elaborate on your ratings from question 1 or any other matters you consider relevant to the applicant's admission. You may attach a separate page with additional comments.

2. Briefly describe, to the best of your ability, the applicant's character and temperament.

3. Comment, if possible, on the applicant's experience with diverse populations.

4. Comment, if possible, on the applicant's commitment to graduate study in medicine. How have you seen this commitment demonstrated?

5. Please comment on the applicant's openness to self-examination and self-development.

SUMMARY EVALUATION

- I recommend the applicant for admission to the physician assistant graduate program without reservation. I am confident that she/he will do well in graduate study.
- I recommend the applicant with mild reservations about her/his ability to perform well in the physician assistant program.
- I believe the applicant's qualifications for graduate study are marginal but feel that she/he may do well with sufficient support and encouragement.
- I do not recommend the applicant for admission.

Return to: Office of Admission Processing, Monmouth University, 400 Cedar Avenue, West Long Branch, NJ 07764-1898