

**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 | | | | | |

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**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