Teacher/Employer Recommendation Form

Applicant’s Name: _________________________________ Date: __________________

School Name Attending: ________________________________

Please give this form to your teacher/employer to send directly to us. Please sign below if you waive your right to access this recommendation letter.

Signature of applicant: ________________________________

Dear Evaluator:

Please evaluate the above applicant in relation to other students at the same level of training.

How well do you know this applicant? (Please include length of time and your association.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Outstanding = top 10%  Good = top 25%  Average = 50%  Poor = bottom 10%

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<th>Rating of Characteristics</th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>No opinion</th>
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Student Evaluation
Other comments or concerns (attach additional pages if needed):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Overall recommendation:  Strongly recommend ___ Recommend ___ Do not recommend ___

Name of Evaluator (Please print legibly):____________________________________________

Signature: _______________________________ Date: ____________________________

Evaluator’s e-mail address ______________________________________________________

School/Company Name: ___________________________ Evaluator’s Phone:____________

Address: _________________________________________________________________

Please mail or fax the completed form to:

Coordinator
UC Irvine Health and Science Enrichment Programs
UC Irvine School of Medicine, Bldg. 836
836 Health Sciences Road, Room 1011
Irvine, CA 92697
Fax: 949-824-3385

Or scan and e-mail to: summerpremed@uci.edu

Student Evaluation