School of Medicine
University of California • Irvine

Phone: 714.456.6719  E-mail: summerpremed@uci.edu

Health and Science Enrichment Programs

Teacher Recommendation Form

Applicant’s Name: ______________________________________ Date: _________________

High School Name: ___________________________________________________________

Please give this form to your teacher 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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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: ______________________________

Teacher’s e-mail address __________________________________________________________

High School Name: _________________________ Phone: _________________________

Address: ______________________________________________________________________

Please mail or fax the completed form to:

Coordinator
UC Irvine Summer Premed Program
333 City Blvd West, Suite 2100
Orange, CA 92868
Fax: 714.456.5062 (Attn: Molly)

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