

Applicant Information

Please complete the following information. If you have any questions or concerns, please contact Macon & Joan Brock Virginia Health Sciences Admissions and Enrollment at Old Dominion University at [757-446-7437](tel:757-446-7437).

Applicant Full Name:

E-mail Address:

Intended Program:

Below you will find a recommendation form that you can fill out, print and submit electronically through the GradCAS evaluator portal, Liaison Letters.

Recommender Full Name:

How long have you known the applicant?

In what capacity have you known the applicant?

Evaluation of the applicant	Outstanding Top 1%	Excellent Top 10%	Good Top 25%	Average Top 50%	Below Average Bottom 50%	No basis for judgement
Native Intellectual Ability						
Academic Performance						
Knowledge/Preparation						
Judgment/Analytical Ability						
Interpersonal Relations/Cooperation						
Ability to Accept Criticism						
Personal Conduct & Appearance						
Emotional Maturity & Stability						
Organizational Skills						
Empathy/Compassion						
Reliability/Responsibility						
Motivation for Proposed Field of Study						
Originality						
Communication Skills (Written)						
Communication Skills (Verbal)						
Promise as a Research Leader						
Promise as a Health Practitioner						



If possible, indicate the number of others with whom you are comparing this applicant.

What weakness might limit the applicant's chances of success in this program?

This program is very demanding. Please comment on the applicant's initiative and motivation.

We would greatly appreciate any additional comments that can help the Admissions Committee make a fair and proper decision concerning this applicant. Please make note of any attributes of health, maturity, personality, and scientific aptitude which will further describe applicant.

Overall Endorsement of Candidate:

Highly Recommend

Recommend

Recommend With Reservation

Would Not Recommend

Signature

I certify that the information I have provided above is true.

Print First Name

Print Last Name

Signature

Date