



MACON & JOAN BROCK VIRGINIA HEALTH SCIENCES

Eastern Virginia Medical School

AT OLD DOMINION UNIVERSITY

EVMS Health Sciences Academy - Summer Experience Teacher Recommendation Form

Section 1: (To be completed by the applicant)

The following information must match the information that you supplied on your online application. Please complete this section fully before giving it to the person who will be submitting your recommendation.

FULL NAME (Last, First, Middle Initial): _____

Date of birth (mm/dd/yyyy): _____

Email Address: _____

Name of Recommender: _____

Instructions to the recommender:

Information supplied in this recommendation form will be used to assist in the overall evaluation of students applying to the EVMS Health Sciences Academy Program. Please attach this cover letter to your recommendation so we may properly match your document to the applicant's file.

Recommendations may be submitted via postal mail or email at:

EVMS Health Sciences Academy
Office of Medical Education
Attn: Kela Cowan-Gant
PO Box 1980
Norfolk, VA 23501

Or

VHS-HSAcademy@odu.edu

If recommendations are being submitted via email, they must be sent directly from the recommender. Emailed letters of recommendation from student email addresses will not be accepted. If you have questions about this form, please contact the EVMS Health Sciences Academy Team at VHS-HSAcademy@odu.edu or 757-446-6164.

Due March 7, 2026



PORTSMOUTH
PUBLIC SCHOOLS
SHINING BRIGHTER TOGETHER

Recommending Teacher: (Can be a teacher you have now or from last year)

Printed Name: _____

Title/Position: _____

School District: _____

Teacher Signature: _____

Email Address: _____

The student listed above is applying for admission to the EVMS Health Sciences Academy Summer Experience. Please mark the box below that best represents your assessment of this student:

	Superior	Good	Average	Poor	Unknown
Punctuality					
Intellectual Ability					
Self-Reliance					
Leadership Skills					
Written Communication Skills					
Oral Communication Skills					
Initiative and Enthusiasm					
Response to Constructive Criticism					
Ability to Work in a Team					
Ability to Work Independently					
Imagination/Creativity					
Motivation					
Maturity					
Professionalism					
Persistence					
Reliability and Integrity					
Organization					
Work Ethic					

Please provide any additional information you feel will be useful in evaluating the student's application for participation in the EVMS Health Sciences Academy program:

☐ Highly Recommend

☐ Recommend with reservation

☐ Recommend without reservation

☐ Do not recommend