

The CSPM Podiatry Experience: Summer Enrichment Workshop Recommendation Form

To the Student:

Please provide your name: _____

Please check one: _____ I do waive my right of access to this reference _____ I do not waive my right of access to this reference

To the reference: Please submit this form along with your letter of recommendation to dtran@samuelmerritt.edu.

How long have you known the applicant and in what capacity?

Please rate the following characteristics (please check one):

	Exceptional	Above Average	Average	Below Average	Unknown
Academic preparation					
Motivation and commitment to learning					
Discipline and ability to set priorities					
Interpersonal skills					
Oral communication skills					
Leadership abilities					
Critical thinking					
Integrity					

Based on your knowledge of the applicant, please indicate the strength of your recommendation:

____ Recommend

____ Do not recommend

Note to reference: if you would like include additional comments, please feel free to attach a supporting letter of reference on the applicant's behalf. Typed letters are preferred.

Signature: _____ Date: _____

Print name: _____

Collegiate institution: _____

Title: _____

Phone: () _____ Email: _____