



UMSL Pre-Health Programs

CAS/COFAC Advising

303 Lucas Hall

314-516-5501

RECOMMENDATION FORM

PART A: (TO BE COMPLETED BY STUDENT)

Candidate's Name _____ Date _____

Application is being sent to what type of Professional School? (Medical, Dental, Optometry)

Please list the course(s) taken from or other association you may have had with the named referee which would allow this person to comment on your attributes and abilities:

COURSE NAME OR OTHER ASSOCIATION	WHEN	COURSE NAME OR OTHER ASSOCIATION	WHEN
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

PART B: (TO BE COMPLETED BY REFEREE)

The UMSL Pre-Health Professions Committee will be writing a letter of recommendation for the above named student and would appreciate it if you would complete the following evaluation. In order to help the Committee to make a fair and accurate evaluation of the student who is applying to professional school, please rate the applicant's personality and abilities.

When comparing the student to others you have encountered, please use the following scale:

- 0 – insufficient information
- 1 – very poor (lower 10%)
- 2 – poor (lower 10-25%)
- 3 – below average (lower 25-40%)
- 4 – Average (upper 40-60%)
- 5 – above average (upper 60-80%)
- 6 – very good (upper 80-95%)
- 7 – exceptional (upper 95%)

Also, please include a formal letter of evaluation. Please return your evaluation as soon as possible. Your comments will be kept strictly **CONFIDENTIAL** and should reflect your judgment of the applicant relative to other students of the same level of training. We will include the information you provide in the letter that we send to the professional schools.

Please rate the applicant for the following categories:

Overall intellectual ability:

0	1	2	3	4	5	6	7
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Accuracy and dependability of work (laboratory):

0	1	2	3	4	5	6	7
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Motivation (seriousness, interest):

0	1	2	3	4	5	6	7
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Communication (oral and written):

0	1	2	3	4	5	6	7
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Personal characteristics (maturity, interpersonal relations, empathy, stress tolerance):

0	1	2	3	4	5	6	7
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Please return this form either by emailed .pdf, to Joe Southerland (southerlandj@umsl.edu), or mail to:

Joe Southerland
Pre-Health Advisor, College of Arts and Sciences
University of Missouri - St. Louis
303 Lucas Hall
1 University Blvd.
St. Louis, MO 63121-4400

Referee's Name (Printed) _____ Signature _____

Address _____

Title/Position: _____ Date: _____