

Summer **M**edical and **D**ental **E**ducation **P**rogram

Recommendation Form

Summer 2013

To the applicant: This section is to be completed by the applicant before giving it to the individual providing the recommendation:

Applicant's SMDEP ID Number: _____

Applicant's Social Security Number (Last four digits only): _____

Applicant's Name: _____
Last First Middle Suffix

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's E-mail Address: _____

To the Prehealth Advisor and/or College Professor:

Please answer as many questions as your acquaintance with the student permits. You may submit a letter in addition or in substitution of this form, but it is imperative that this page accompany any recommendation to properly match documents to files.

Please fax your recommendation to 1-866-304-7637. If faxing is unavailable, recommendations can be scanned and e-mailed to smdepletters@aamc.org.

If you have questions about this form, please contact the SMDEP National Program Office toll-free at 1(866)58-SMDEP or e-mail smdep@aamc.org.

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Please rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had the same amount of education and experience.

	Unable to Judge	Poor	Fair	Good	Outstanding
Intellectual ability	0	1	2	3	4
Integrity	0	1	2	3	4
Work habits	0	1	2	3	4
General motivation	0	1	2	3	4
Leadership	0	1	2	3	4
Imagination/Creativity	0	1	2	3	4
Initiative	0	1	2	3	4
Ability to work with others	0	1	2	3	4
Maturity	0	1	2	3	4
Writing Skills	0	1	2	3	4
Verbal Communication	0	1	2	3	4

In what capacity do you know the applicant? _____

Do you have any concerns about this student's ability to participate in an intensive 6-week residential program designed to increase his/her preparedness for application to medical or dental school.

- ☐ I have no concerns
☐ I have concerns about this student.

Please provide any additional information that would be helpful to SMDEP Programs.

RECOMMENDER INFORMATION

(Please Print)

Name: _____

Title/Position: _____ Department: _____

Name of College/University/Company: _____

Address: _____

Phone: _____ Email Address: _____

Signature: _____ Date: _____