



GRADUATE SCHOOL OF BASIC MEDICAL SCIENCES

New York Medical College
Basic Sciences Building, Room A41
Valhalla, New York 10595

RECOMMENDATION FORM

The Applicant should complete the information below and then forward this form to the recommender.
Please type or print in ink.

Applicant's Name: _____
Last First Middle

Applying to: Integrated PhD Program MS Program
 Non-Matriculating Program Professional Science Master's Program

Please check the appropriate discipline for Master's, Professional Science Master's, or Non-Matriculating (NOTE – not all disciplines apply to all degree types):

- Basic Medical Sciences (Accelerated) Basic Medical Sciences (Traditional)
- Biochemistry & Molecular Biology Cell Biology
- Microbiology & Immunology Pathology
- Pharmacology Physiology
- Undecided (Non-Matriculating ONLY)

Term: _____

I request that this recommendation be kept confidential and I hereby waive any rights to inspect and review any letters and statements of recommendation submitted on my behalf regarding my admission to the Graduate School of Basic Medical Sciences.

Applicant's Signature

Date

To the Recommender: The person named above is applying for admission to the Graduate School of Basic Medical Sciences and has furnished your name as a reference. We would appreciate your evaluation of the applicant on this form. Please send this form in a sealed envelope and sign your name across the seal to ensure confidentiality.

I have known the applicant for _____ year(s) as his/her:

- Undergraduate Teacher Graduate Teacher Program/Research Advisor
- Laboratory Supervisor Employer Other (please specify) _____

Please use this scale to rate the applicant.

	Exceptional Top 5%	Outstanding Top 10%	Good Top 25%	Average Mid 30%	Poor Bottom 30%	Unable to Judge
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity/Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in Oral Discussion/Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Potential in Graduate Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach a narrative or letter in which you evaluate the applicant's potential for graduate study in the biomedical sciences. You may organize your narrative as you see fit and include whatever comments or observations you think would be helpful to the committee. Please try to address the following specific points in your narrative.

- What do you consider to be the applicant's talents or strength?
- In what areas could the applicant develop or grow?
- In your opinion, what is the applicant's capacity for graduate work?
- Please add any additional comments you feel would be helpful in assessing the candidacy of the applicant.

What is your overall recommendation?

- Strongly recommend Recommend Recommend with some reservations
- Do not recommend that this applicant be admitted to the Graduate School of Basic Medical Sciences.

Name: _____

Position/Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature of Recommender

Date