Post Baccalaureate Pre-Medical Program Recommendation Form

Part I: Applicant should complete the information requested in Part I and give a copy to each of the persons who will be providing a letter of recommendation. This person may not be a member of your immediate family. The reference provider should attach their letter to this signed and dated Recommendation Form. Provide the reference provider with a stamped envelope addressed as follows:

>Rosemont College
>Office of Admissions
>Post Baccalureate Pre-Medical Program
>1400 Montgomery Avenue
>Rosemont, PA 19010

APPLICANT:

Name:_____

      Last   First   Middle Initial

Mailing Address: _____

      Street   City   State, Province or Country   Zip or Postal Code

Name of person giving recommendation: _____

Address: _____

      Street   City   State, Province or Country   Zip or Postal Code

Please read the waiver statement and check the appropriate box.

The Family Educational Rights and Privacy Act of 1974 allows students to have access to their records. The applicant may waive this right of access. The student has indicated their preference below.

- o   **I waive my right of access to this letter of recommendation**
- o   **I do not waive my right of access to this letter of recommendation**

Applicant's Signature   **Date**

To the Reference Provider: The Rosemont College Admissions Committee appreciates your candid evaluation of the applicant. The demanding nature of this program requires maturity, self-discipline and intellectual capacity. Please provide specific factors that should be considered in reviewing the applicant's file.

Please mail this form and your letter of recommendation to:

> **Rosemont College**
> **Office of Admissions**
> **Post Baccalureate Pre-Medical Program**
> **1400 Montgomery Avenue**
> **Rosemont, PA 19010**

How long have you known the applicant? Please describe in what capacity you have known the applicant.

Please rate the applicant: 1=Below Average;2=Average;3=Good;4=Very Good and 5=Excellent

Ability
Motivation
Self-Discipline
Integrity

Any additional information that you wish to provide to help the Admissions Committee evaluate this candidate.

Reference Signature _____ Date_____

Phone Number_____ email address: _____