

LETTER OF REFERENCE:
SUNY UPSTATE MEDICAL UNIVERSITY



APPLICANT NAME: _____

EVALUATOR

Evaluator Name: _____ Work Email: _____

Title: _____ Daytime Phone: _____

Occupation: _____ Organization: _____

How long have you known the applicant? _____ Years _____ Months

In what capacity do you know the applicant? Please check a box

- Employer/Supervisor
- Instructor/Professor
- Colleague/Coworker
- Advisor
- Other _____

Part I: Please indicate your evaluation of the applicant with a check mark in the appropriate fields.

	Excellent	Good	Fair	Poor	N/A
Adaptability					
Conflict Resolution					
Empathy					
Ethics					
Critical Thinking					
Interpersonal Relations					
Problem Solving					
Leadership					
Oral Communication					
Professionalism					
Ability to accept constructive criticism					
Reliability					
Self-Awareness					
Stress Management					
Team Skills					
Time Management					
Written Communication					
Overall Evaluation					

Part II: Letter of Reference

Personal references are a valued and integral part of the admissions process. Our programs seek individuals who have the potential for success in a rigorous educational program and possess the personal attributes required to become a competent and compassionate healthcare professional. Please include a **summary as a letter of reference** for the named applicant. Note: Please feel free to attach a typed recommendation.

- **Comment on the applicant's motivation and suitability for a role as a healthcare provider**
- **Consider the applicant's qualities in the grid above as well as integrity, ability to work with others, commitment and cultural sensitivity.**

Part III: Summary Evaluation:

Recommend without Reservation Recommend with Reservation Do not Recommend

Evaluators Signature: _____ Date: _____

To return form: Preferred method: E-mail form as attachment to: admiss@upstate.edu

OR Fax to: 315-464-8867

OR Mail to: SUNY Upstate Medical University, Office of Admissions & Financial Aid
766 Irving Avenue, Syracuse NY 13210