



RECOMMENDATION COVER FORM:

(PLEASE PRINT OR TYPE)

Please Forward to:

The applicant should fill out the top section of this form and give it to the individual who will complete the recommendation on a separate letter headed paper.

OFFICE OF ADMISSIONS AND RECRUITMENT
MEHARRY MEDICAL COLLEGE
1005 D.B. Todd Jr. Boulevard
Nashville, TN 37208

Degree sought: MSPH: , PhD , (Check one)

Applicant: (First name): _____ (Middle Initial): _____ (Last Name): _____

Address: _____ City: _____ State: _____ Zip: _____

I agree that this recommendation will remain confidential and knowingly and freely waive my right to view it.

Signature of Applicant (OPTIONAL) _____

The information given in this recommendation will be confidential ONLY if the above has been signed by the student. Do NOT return this form to the applicant, but forward it directly to the Office of Admissions and Recruitment at the above Address.

BELOW INFORMATION MUST BE COMPLETED BY RECOMMENDER

Below to be completed by Recommender in addition to a detailed recommendation on letterhead from a former Faculty that have a better knowledge of the academic performance of the applicant.

I have known the applicant for _____ years as: teacher department Chair Advisor employer other (please specify) _____

Intellectual Ability	Writing Ability	Speaking Ability	Teaching Ability	Emotional Stability	Motivation
<input type="checkbox"/> Exceptional	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Exceptional
<input type="checkbox"/> Above Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Above Average
<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average
<input type="checkbox"/> Below Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Below Average
<input type="checkbox"/> No Basis for Judgment	<input type="checkbox"/> No Basis for Judgment	<input type="checkbox"/> No Basis for Judgment	<input type="checkbox"/> No Basis for Judgment	<input type="checkbox"/> No Basis for Judgment	<input type="checkbox"/> No Basis for Judgment

Doctoral Program: Strongly Recommend Recommend Recommend with reservation Not recommend

Master's Program: Strongly Recommend Recommend Recommend with reservation Not recommend

Indicate applicant's promise for success in a graduate program: outstanding above average average poor

NAME OF RECOMMENDER (print or type) TITLE

INSTITUTION

SIGNATURE

ADDRESS STATE ZIP

Mail to above address OR email to:
ADMISSIONS DEPARTMENT WITH RECOMMENDATION ATTACHED.
EMAIL: admissions@mmc.edu reference: Graduate application