



RECOMMENDATION FORM

NAME OF APPLICANT: _____

APPLICANT ADDRESS: _____

To the Applicant: Please give one copy of this form to a school counselor or faculty member and one copy to a person who is not a member of your family. You may return the recommendations with your application or have them mailed directly to East Central Missouri AHEC (address listed below).

To the Recommender: Please fill out both sides of this form and return it to the student or mail it directly to our office (address listed below). Students considered for this program must have a 3.0 GPA on a 4.0 scale. Selected students are required to attend monthly academic and career enhancement workshops, complete a group leadership project, and participate in shadowing experiences with healthcare professionals.

How long have you known the student, and in what context? _____

EVALUATION

In the space below, please write a description of this student's academic and personal characteristics. We would like to know how you perceive this student's ability to succeed in the field of healthcare and his or her ability to fulfill requirements of this program. Use specific examples as appropriate. Attach additional pages as necessary.

Compared to other students, indicate (circle) how you would rate this student in the following areas:

No Basis	Below Average	Average	Good	Very Good	Excellent
<input type="checkbox"/> Time Management	1	2	3	4	5
<input type="checkbox"/> Motivation	1	2	3	4	5
<input type="checkbox"/> Independence	1	2	3	4	5
<input type="checkbox"/> Ability to succeed in healthcare field	1	2	3	4	5
<input type="checkbox"/> Self-confidence	1	2	3	4	5
<input type="checkbox"/> Study habits	1	2	3	4	5
<input type="checkbox"/> Ability to prioritize	1	2	3	4	5
<input type="checkbox"/> Enthusiasm/ positive attitude	1	2	3	4	5
<input type="checkbox"/> Responsibility	1	2	3	4	5
<input type="checkbox"/> Setting goals	1	2	3	4	5
<input type="checkbox"/> Concern for others	1	2	3	4	5
<input type="checkbox"/> Teamwork	1	2	3	4	5
<input type="checkbox"/> Communication skills	1	2	3	4	5
<input type="checkbox"/> Balance Healthy lifestyle	1	2	3	4	5
<input type="checkbox"/> Apply effective problem solving	1	2	3	4	5
<input type="checkbox"/> Value individual differences	1	2	3	4	5

Signature

Printed Name

Place of Employment

Title

Date

Work Phone Number

Please return form to:
East Central Missouri AHEC
3115 South Grand Blvd., Suite 313
St. Louis, MO 63118-1034