

# MEDPREP Recommendation Form

Medical/Dental Education Preparatory Program  
Southern Illinois University School of Medicine

**Directions for Applicant:** A minimum of two forms must be completed, preferably by an advisor or faculty member. Please instruct the individuals to e-mail the completed form directly to MEDPREP. Be sure to complete the section marked "to be completed by applicant" at the right before giving this form to your recommenders. If you do not make a selection regarding your rights to access this recommendation form and/or do not sign this form, we will assume that you DO waive your rights to see it.

Your recommender should return this form and recommendation letter directly to MEDPREP at [MPadmissions@siumed.edu](mailto:MPadmissions@siumed.edu).

TO BE COMPLETED BY THE APPLICANT	
Name (Last, First, Middle Initial)	
Birth Month/Year (MM/YYYY)	
Under the provision of the Family Education Rights and Privacy Act (Buckley Act):	
<input type="checkbox"/> I waive any right to access that I might have to this recommendation form.	
<input type="checkbox"/> I do not waive any right to access that I might have to this recommendation form.	
Applicant's Signature and Date	

TO BE COMPLETED BY THE RECOMMENDER
The above-named student is applying to MEDPREP. The information you provide will be used by the Admissions Committee to assess the applicant's potential for a professional health career and to help the committee evaluate the applicant for admission to the program. Early completion of this form is recommended. Please note that if the applicant has not made a selection above regarding rights to access this form and/or has not signed above, we will assume that the student DOES waive his/her rights to access this recommendation.
Please return this form and recommendation letter on separate letterhead by emailing to: <a href="mailto:MPadmissions@siumed.edu">MPadmissions@siumed.edu</a> .

PART A					
Please rate the applicant on each of the characteristics listed below.	Superior	Good	Average	Poor	No opportunity to observe
Intellectual ability					
Problem-solving ability					
Judgment and common sense					
Ability to deal with failure					
Sensitivity to the needs of others					
Communication skills					
Emotional stability and maturity					
Independence					
Integrity					
Dependability and reliability					
Leadership					
Motivation for a career in medicine/dentistry					
Industry and persistence					

PART B		PART C	
<p><b>On separate letterhead, please give your candid evaluation of this applicant.</b></p> <p>Specific descriptions of the individual's strengths and weaknesses are most valuable to the Admissions Committee. Responses to the following questions can better assist the selection process: In what capacity have you known the applicant? How does the applicant compare with other prehealth students you have advised or taught? Does the applicant appear to clearly think through problems and plan reasonable solutions? Does the applicant appear to possess the academic potential and character qualities for professional school studies and the health professions?</p>		<p><b>What is your overall recommendation of this student for participation in MEDPREP?</b></p> <p><input type="checkbox"/> Strongly Recommend</p> <p><input type="checkbox"/> Recommend</p> <p><input type="checkbox"/> Recommend with Reservations as described in Part B</p> <p><input type="checkbox"/> Not recommend</p> <p><input type="checkbox"/> Insufficient contact to make recommendation</p>	
Recommender's Signature and Date			
Recommender's Name		Street Address	
Title	Department	City, State, ZIP	
Institution/Company Name		Telephone	Email