



Physician Assistant Program
Rutgers, The State University of New Jersey
675 Hoes Lane West, 6th floor
Piscataway, NJ 08854-5635

<http://shp.rutgers.edu>
p. 732-235-4445
f. 732-235-4820

Dear Prospective Student:

Thank you for your interest in our Physician Assistant Program. This packet includes the following documents:

- Instructions for Applying
- Degree Track Sheet
- Application for Admission
- Questionnaire
- Recommendation Forms (3)
- Instructions for Recommendation Writer

Click on the link below to view the Essential Functions for participating in the Program: <http://shp.rutgers.edu/essential-functions/>.

The deadline for submitting applications and all supporting documents is **June 1st**. Please contact this office at 732-235-4445 if any questions arise regarding your application. Best wishes with your plans to become a physician assistant.

Sincerely,

Admissions Office

**Rutgers, The State University of New Jersey
Physician Assistant Program
Instructions for Applying**

Application Deadline: June 1st

These instructions contain three sections:

- I. Instructions For Completing Your Application
- II. Mailing Your Application / Deadline For Applying
- III. Important Facts for Applicants

Read each section ***carefully***. Failure to follow instructions will delay or prevent the processing of your application.

I. INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

Each of the underscored documents below (A-G) can be sent ***together*** in your application packet. Those documents ***not underscored*** may be sent separately. Follow each format ***carefully***.

A. APPLICATION FORM

- 1. **Type** all information.
- 2. Indicate any name(s) you have previously used, such as a maiden name (No. 2).
- 3. Under No. 19,
 - a. include **only** the high school from which you graduated;
 - b. list **all** schools you attended after high school, even if you did so for **less than one semester**;
 - c. put the **most recent school first**.

NOTE: Your application will be delayed if you do not enter all schools.

- 4. If you list that you have been trained in EMS, you must provide proof.
- 5. Be sure **your name is on every page**, including any supplements that you attach.

B. \$50 APPLICATION FEE. Make check or money order payable to **Rutgers University** in the amount of **\$50.00**. This payment is ***non-refundable***.

C. QUESTIONNAIRE. **Type** your answers on a separate sheet of paper and list them consecutively. Use **no more than one-half page** for each question. Use extra pages as necessary and write your name on each added page.

D. THREE (3) LETTERS OF RECOMMENDATION in SEALED, SIGNED ENVELOPES

- 1. You **must use** the enclosed Recommendation Forms. (Letters from a Credentials Committee **cannot** be used in place of the forms.)
- 2. A letter of recommendation that is not accompanied by a Recommendation Form **CANNOT** be substituted.
- 3. Complete Section I of each form. Be sure to **sign the waiver** before sending it to the person to complete.
- 4. To ensure that the Recommendation Form is filled out correctly and to avoid any delay of your application, please tear off the sections on the attached sheet (Instructions for Recommendation Writer) and submit along with the Recommendation Form to the recommendation writer.
- 5. **DO NOT OPEN THE ENVELOPE. THIS WILL INVALIDATE THE RECOMMENDATION.**

E. TRANSCRIPTS

All transcripts **must be OFFICIAL**. Copies are **not acceptable**. (NOTE: If a school refuses to mail your transcript directly to you, **do not call this office**. Request that it be mailed to the PA Program [see Section II] and clip a note to the front of your application listing which transcripts are being mailed separately.)

1. SAT Scores

Submit SAT scores with your application, if you have taken them. The institution code is **2765**.

2. ACT Scores

Submit ACT scores with your application, if you have taken them. The institution code is **2592**.

3. College, University, and Professional School Transcripts

A transcript from **EVERY college, university, and professional school that you attended, including the school(s) where courses were taken at the college level while in high school must be submitted, even if:**

- a. the credits you earned at one school appear on the transcript of another school.
- b. you attended a school for **only one semester**.
- c. you withdrew from the school before completing a semester.
- d. you took only one (1) course, which you completed, withdrew from, or failed.
- e. the credits you took were not relevant to any particular course of study.

Note: If you completed a prerequisite course required for our program under a different title than what is outlined on our website, or received Advanced Placement (AP) credits or have taken a CLEP exam, please forward a course description or AP/CLEP official documentation along with your application. Please note that the CLEP code for our institution is 2145.

The above transcripts must remain in the original sealed envelope from the school or institution. **DO NOT OPEN THE ENVELOPE. THIS WILL INVALIDATE YOUR APPLICATION.**

4. Updated Transcripts

If you are presently taking courses, send your application now and arrange for updated transcripts to be sent **as soon as possible** after your coursework is complete. **The applicant is responsible for sending updated transcripts when they become available.**

5. Foreign Transcripts (Evaluations and Translations)

- a. All transcripts from colleges outside the United States **must be evaluated** by a recognized transcript evaluation agency. **Translations alone will not be accepted.** We recommend the following agency:

[International Education Evaluations, Inc.](http://www.internationaleducationevaluations.com)

7900 Matthews-Mint Hill Road, Suite 300, Charlotte, NC 28227

Tel. #: 704-772-0109 | Email address: info@foreigntranscripts.com

- b. Evaluations must be **course-by-course**, including credits and grades.
- c. Only **official evaluations** (i.e., original copies on the agency's letterhead in a sealed envelope) are acceptable.
- d. If a foreign transcript is written in a language other than English, a **certified English translation** must also be submitted to this office by the applicant. (NOTE: A certified translation is an original copy printed on the letterhead of the evaluating agency.)
- e. Transcript evaluations should be sent directly to us by the evaluating service. It is the responsibility of the applicant to follow up with this office to see that they have been received.
- f. Those applicants who graduated outside of the United States are required to take the [TOEFL](http://www.ets.org/toefl) Exam. A score of 115 (iBT), and 650 (PBT) must be achieved. **Our institution's code for this exam is 2391.**

- F. DEGREE TRACK SHEET: Signed by the applicant, the Major Department Advisor (if different from the 3+3 advisor), the 3+3 Advisor, and the Dean's Office stating that the student understands that they must complete all of the undergraduate requirements for their degree major by the end of their junior year and is on track to receive their degree by May, 2019.

G. NOTIFICATION VIA EMAIL REGARDING OUTSTANDING DOCUMENTS

If you wish to be notified of any missing documents, you **must include an email address**. Approximately 1-2 weeks after receipt of your application, you will receive an email telling you that your application is complete or what documents, if any, are missing. This will be the **only notification** sent to you as to whether or not your application is complete. After this initial notice is sent, it will be your responsibility to follow up regarding receipt of your documents. (NOTE: If you do not include an email address, you will not be notified of any missing documents.)

II. MAILING YOUR APPLICATION / DEADLINE FOR APPLYING

ALL APPLICATIONS and SUPPORTING DOCUMENTS MUST BE POSTMARKED NO LATER THAN JUNE 1st. Mail all the above underscored documents ***together*** to the following address - use the checklist below!

PHYSICIAN ASSISTANT PROGRAM
Rutgers, The State University of New Jersey
675 Hoes Lane West, 6th Floor
Piscataway, NJ 08854-5635

III. IMPORTANT FACTS FOR APPLICANTS

- A. **Once your application is complete and has been reviewed**, one of the following will occur:
1. you will be invited to attend an in-person interview;
 2. you will be placed on hold until more applications are reviewed; or
 3. a letter of rejection will be mailed to you.
- B. **Financial Aid.** Inquiries about financial aid should be directed to Rutgers University Financial Aid Office at 732-235-4689.
- C. **Questions?** If you have any questions, please contact the Physician Assistant Program (732-235-4445).

REMEMBER: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ADMISSION.

CHECKLIST. *A complete packet includes:*

- Completed, signed application form.
- Make sure your name appears on ***every page***.
- Check or money order for **\$50** payable to **Rutgers University**.
- Completed questionnaire.
- All three (3) recommendation forms. Each form must be in a sealed envelope with signature across the seal.
- An official transcript from ***every school*** you attended after high school.
- Signed Degree Track Sheet.
- Your email address.

For Your Records: Enter date you mailed your application: _____, and **keep these instructions** for future reference.



Physician Assistant Program
Rutgers, The State University of New Jersey
675 Hoes Lane West, 6th floor
Piscataway, NJ 08854-5635

<http://shp.rutgers.edu>
p. 732-235-4445
f. 732-235-4820

DEGREE TRACK SHEET

Rutgers, The State University of New Jersey Physician Assistant Program

3+3 Undergraduate School: _____

NAME: _____ SS#: (optional) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSTRUCTIONS: Complete this Degree Track Sheet and obtain the appropriate signatures listed below. Include this sheet with your completed BA-BS/MS ("3+3") application, and attach your degree audit. Please make a copy for your records.

APPLICATION INFORMATION: Deadline to apply: June 1st (AT THE END OF YOUR SOPHOMORE YEAR). To ensure that your application is complete and submitted by the June 1st deadline, please schedule an appointment with each advisor and the dean to review your courses and obtain their signatures.

POLICY: All of the undergraduate required courses for the major must be completed by the end of the Spring Semester prior to student entering in August (fall semester of senior year).

Fall Semester Courses (Junior Year - prior to entering in August)

_____	_____
_____	_____
_____	_____

Spring Semester Courses (Junior Year - prior to entering in August)

_____	_____
_____	_____
_____	_____

STUDENT'S RESPONSIBILITY: It is the student's responsibility to comply with separate graduation procedures through their undergraduate Registrar's Office for the baccalaureate degree. Students accepted to the PA Program through the articulation agreement will comply with procedures and deadline dates to graduate upon successful completion of the first year of the PA Program. Students not accepted into the PA Program will comply with procedures and deadline dates to graduate upon successful completion of their baccalaureate requirements.

I am an undergraduate student at _____ enrolled in the PA track. I have read and understand the above policies.

Student's Signature

Date

Major Advisor's Signature (if different from 3+3 advisor) Printed Name of Major Advisor Date

3+3 Advisor Signature Printed Name of 3+3 Advisor Date

Dean's Signature Printed Name of Dean Date



Physician Assistant Program
Rutgers, The State University of New Jersey
675 Hoes Lane West, 6th floor
Piscataway, NJ 08854-5635

<http://shp.rutgers.edu>
p. 732-235-4445
f. 732-235-4820

APPLICATION FOR ADMISSION

Rutgers, The State University of New Jersey
PHYSICIAN ASSISTANT PROGRAM

**MAIL TO: Physician Assistant Program • 675 Hoes Lane West • 6th Floor
Piscataway, New Jersey 08854-5635**

1. Name _____
Last First Middle
2. Any other name(s) used _____
3. Permanent Legal Address _____
Street City
- County State Zip If New Jersey resident, how long?
4. Tel. No. () _____ 5. Social Security No. (optional) _____
6. Preferred Mailing Address _____
Street City
7. _____
County State Zip
8. Tel. No. () _____ 9. Work No. () _____
10. Cell No: () _____ 11. Email Address _____ @ _____
12. Second Language: _____

Documentation of non-immigrant status must be provided.

13. U.S. Citizen ☐ Yes ☐ No ☐ Refugee ☐ Permanent Resident Alien Reg. No. _____ Exp. Date _____
Country of Citizenship (if not U.S.) _____ Place of Birth: City/Prefecture _____
Visa Classification: ☐ B2 ☐ F1 ☐ F2 ☐ J1 ☐ J2 ☐ H1 ☐ H4 ☐ TN Other _____ Exp. Date _____
14. Veteran of the Armed Forces ☐ Yes ☐ No Vet. File No. _____ Dates of Service _____
15. ☐ Male ☐ Female Date of Birth _____

Rutgers - SHP does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, gender, sexual orientation or veteran's status.

Rutgers - SHP is committed to complying with the requirements of the Americans with Disabilities Act.

Rutgers, The State University of New Jersey is an Affirmative Action/Equal Opportunity Employer.

****This section is voluntary and confidential information. Failure to furnish this information will not affect the status of the application.***

16.* Please complete both Part I and II. How do you describe yourself?

Part I – Ethnicity

- Select one: ☐ Spanish/Hispanic/Latino/Latina ☐ Not Spanish/Hispanic/Latino/Latina
- ☐ Mexican, Mexican American
 - ☐ Chicano/Chicana
 - ☐ Cuban
 - ☐ Puerto Rican
 - ☐ South or Central American
 - ☐ Other Spanish culture or origin
 - ☐ If other, please specify: _____

Part II – Race

- Select one or more: ☐ American Indian or Alaskan Native:
- ☐ Please specify the name of your enrolled or principal tribe: _____
 - ☐ Asian:
 - ☐ Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean
 - ☐ Malaysian ☐ Pakistani ☐ Vietnamese ☐ Other Asian, specify: _____
 - ☐ Black or African American
 - ☐ Native Hawaiian or other Pacific Islander:
 - ☐ Guamanian or Chamorro
 - ☐ Native Hawaiian
 - ☐ Samoan
 - ☐ Other Pacific Islander, specify: _____
 - ☐ White
 - ☐ Other: _____

17*. Background Information: Check if any of the following apply to you:

- ☐ I graduated from a high school from which a low percentage of seniors received a high school diploma.
- ☐ I graduated from a high school at which many of the enrolled students are eligible for free or reduced price lunches.
- ☐ I am from a family that receives public assistance (e.g. Aid to Families with Dependent Children, food stamps, Medicaid, public housing)
- ☐ I am from a family that lives in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area.
- ☐ I participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program.
- ☐ I am a high-school drop-out who received AHS diploma or GED or I am receiving public assistance.
- ☐ I am from a school district where 50% or less of graduates go to college or where college education is not encouraged.
- ☐ First Generation to Enroll in Higher Education.
- ☐ English is not my primary language.

By designating any of the above, you are considered to have met the criteria for educationally/ environmentally disadvantaged as defined by the above guidelines.

To determine if you come from an economically disadvantaged background, you are asked to compare your parental family's size of household (number of exemptions listed on parent's Federal 1040 income tax forms) and adjusted gross income against the chart provided in the link below. The chart is based on 200 percent of Federal low-income poverty guidelines. You should use your parent's most recent tax forms regardless of age.

Please click here for guidelines (<http://help.unicas.com:8888/unicasHelpPages/background-information/>)

- 18.* Your parent's family income falls within the table's guidelines and you are considered to have met the criteria for economically disadvantaged.

☐ Yes ☐ No

- 19.* What is the type of geographic area where you were raised?

- ☐ Urban(1,000,000 population)
☐ Large City(population 100,000 to 1,000,000 population)
☐ Mid-Size City(population 50,000 to 99,999 population)
☐ Large Town(population 10,000 to 49,999 population)
☐ Small Town(population 2,500 to 9,999 population)
☐ Isolated Rural(population <2,500)
☐ Do Not Wish to Report

20. List all educational institutions attended, including the high school from which you graduated. **List most recent first**, starting with the institution you are currently attending, if applicable, and concluding with high school. Attach supplement, if necessary.

<u>Name of Institution</u>	<u>Address of Institution</u>	<u>Date of Attendance</u>	<u>Diploma/ Degree</u>	<u>Date Received</u>

List courses in which you are presently enrolled.

List courses in which you plan to enroll.
(include expected dates of attendance)

21. SAT Scores, if applicable: Date Taken: _____
Evidence-Based Reading _____ Evidence-Based Writing and Language _____ Math _____

22. ACT Scores, if applicable: Date Taken: _____
English _____ Mathematics _____ Reading _____ Science _____
Writing _____

23. GRE Scores, if applicable: Date Planned/Taken: _____
Verbal Score: _____ Verbal Percentile: _____
Quantitative Score: _____ Quantitative Percentile: _____
Analytical Score: _____ Analytical Percentile: _____

24. TOEFL Score, if applicable: ☐ Paper Based: _____ ☐ Internet-Based: _____

25. List chronologically all health/shadow/community/work/research experience, certifications, and awards/honors/memberships/leadership under each section accordingly. Include all health-related experience, paid or voluntary. Indicate total accrued hours. Attach supplement, if necessary.

Patient Care/Other Healthcare Experience:

<u>Title</u>	<u>Employer</u>	<u>Supervisor</u>
<u>Frequency</u>	<u>Accrued Hours</u> <u>Current Job</u> <u>Compensated</u>	<u>Telephone</u> <u>City</u> <u>State</u>
<u>Dates</u>	<u>Duties</u>	

Healthcare Shadowing Experience:

<u>Title</u>	<u>Employer</u>	<u>Supervisor</u>
<u>Frequency</u>	<u>Accrued Hours</u> <u>Current Job</u> <u>Explanation</u>	
<u>Dates</u>	<u>Duties</u>	

Community Service:

<u>Title</u>	<u>Employer</u>	<u>Supervisor</u>
<u>Frequency</u>	<u>Accrued Hours</u> <u>Current Job</u> <u>Explanation</u>	
<u>Dates</u>	<u>Duties</u>	

Other Work Experience:

Title Employer

Frequency Accrued Hours Current Job City State

Dates Duties

Research Experience:

Title Employer Supervisor

Frequency Accrued Hours Current Job Compensated Telephone City State

Dates Duties

Health Related Certifications:

Title Agency/School/Sponsor

Certificate (Y/N) From To

Awards, Honors, Professional Memberships & Leadership:

Name of Award, Professional Memberships,
Leadership Position, Honor or Merit-based
Scholarship

Organization

Date Received

26. List below the name, address, and affiliation (e.g., instructor, supervisor) of each person from whom you have requested a letter of recommendation.

27. I am applying for the 3+3 Program with: ☐ Caldwell University ☐ Felician University ☐ Kean University
☐ Montclair State University ☐ New Jersey Institute of Technology
☐ Ramapo College of New Jersey ☐ Rutgers University
☐ St. Peter's University ☐ William Paterson University

I understand that, as a condition of admission, I may be required to authorize Rutgers to obtain criminal background check(s). I may also be required to obtain a background check myself or authorize clinical training facilities to conduct this check, and to permit the results to be provided by the reporting agency to Rutgers and/or to clinical facilities. If I am offered admission, the offer will not be considered final until completion of my background check, with results deemed favorable by Rutgers. If the results of the background check(s) are not deemed favorable by Rutgers or by the clinical facility(ies), or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, the admission may be denied or rescinded or I may be dismissed.

I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, discipline, dismissal or revocation of degree. In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character.

I have read and understand the statement of [essential functions](http://shp.rutgers.edu/admissions/admissions.tech.html) for the School and/or specific program(s) located at <http://shp.rutgers.edu/admissions/admissions.tech.html>, which all students must satisfy for the course of study to which I am applying. If I require any accommodations in order to satisfy these standards, I agree to request accommodations in writing promptly after admission. I understand that the School of Health Professions will evaluate the reasonableness of the accommodation before acting on the request. The Disabilities Compliance Coordinator may be reached at 973-972-8594. I acknowledge that Rutgers SHP has established these requirements for successful academic progress toward the degree sought.

Date_____

Applicant's Signature

QUESTIONNAIRE

Rutgers, The State University of New Jersey **Physician Assistant Program**

Please answer the following questions. Type your answers on a separate sheet of paper, and list them consecutively. Use no more than one-half page for each question. Return your completed questionnaire with your application and sealed/signed letters of recommendation.

1. Briefly describe the role of the Physician Assistant.
2. How has your healthcare experience and/or community service activities influenced your decision to become a Physician Assistant?
3. How has your approach to your academic coursework prepared you to be a successful PA student?
4. Describe your greatest strength and your greatest weakness as it pertains to becoming a PA student and a graduate PA.
5. Describe your exposure to PAs in clinical practice.
6. Do you speak fluently another language in addition to English? If yes, please list.

RECOMMENDATION FORM

Rutgers, The State University of New Jersey Physician Assistant Program

- I. TO THE APPLICANT:** Please complete the upper portion of this Recommendation Form before forwarding it to the individual who is recommending you.

Name of Applicant

Address of Applicant

NOTICE TO WRITER OF STATEMENT AND APPLICANT: Public Law 93 – 380, Educational Amendments Act of 1974, grants students and graduates the right of access to Letters of Recommendation in their student files. The opportunity to waive one's right to inspect such letters is also provided by the law. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not indicate a response.

I, the undersigned, hereby (☐ do, ☐ do not) waive my right of access to this Letter of Recommendation.

Signature of Applicant

Date

- II. TO THE PERSON COMPLETING THE RECOMMENDATION FORM:** Please fill out the remaining portion of this questionnaire and return it promptly.

Writer of Recommendation (please print)

- A. Please rate the applicant in regard to the following characteristics.
(1=lowest rating ; 5=highest rating)

CHARACTERISTICS	RATING					
	1	2	3	4	5	Cannot Evaluate
Natural Intellectual Ability						
Breadth of General Knowledge						
Ability to Express Self in Written English						
Ability to Express Self in Oral English						
Analytical Ability						
Emotional Maturity						
Ability to Work with Others						
Performance of Required Tasks						
Promise as a Health Care Provider						
Leadership Ability						
Honesty						

B. How long have you known the applicant and in what capacity?

C. In what respect does the applicant impress you most favorably?

D. In what respect does the applicant impress you least favorably?

E. Please make any additional comments about the applicant's record, potential or personal qualities which you feel would be helpful to the Admissions Committee. We are especially interested in anything that would not be otherwise apparent in the candidate's record.

F. Overall Evaluation:

- ☐ I recommend this applicant **without reservation**
- ☐ I recommend this applicant
- ☐ I recommend this applicant **with reservations**
- ☐ **I would not recommend** this applicant

Date

Signature

Title

Address

Telephone Number

Return this Letter of Recommendation to the applicant in a sealed envelope. Sign across the seal to maintain confidentiality.

RECOMMENDATION FORM

Rutgers, The State University of New Jersey Physician Assistant Program

- I. TO THE APPLICANT:** Please complete the upper portion of this Recommendation Form before forwarding it to the individual who is recommending you.

Name of Applicant

Address of Applicant

NOTICE TO WRITER OF STATEMENT AND APPLICANT: Public Law 93 – 380, Educational Amendments Act of 1974, grants students and graduates the right of access to Letters of Recommendation in their student files. The opportunity to waive one's right to inspect such letters is also provided by the law. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not indicate a response.

I, the undersigned, hereby (☐ do, ☐ do not) waive my right of access to this Letter of Recommendation.

Signature of Applicant

Date

- II. TO THE PERSON COMPLETING THE RECOMMENDATION FORM:** Please fill out the remaining portion of this questionnaire and return it promptly.

Writer of Recommendation (please print)

- A. Please rate the applicant in regard to the following characteristics.
(1=lowest rating ; 5=highest rating)

CHARACTERISTICS	RATING					
	1	2	3	4	5	Cannot Evaluate
Natural Intellectual Ability						
Breadth of General Knowledge						
Ability to Express Self in Written English						
Ability to Express Self in Oral English						
Analytical Ability						
Emotional Maturity						
Ability to Work with Others						
Performance of Required Tasks						
Promise as a Health Care Provider						
Leadership Ability						
Honesty						

B. How long have you known the applicant and in what capacity?

C. In what respect does the applicant impress you most favorably?

D. In what respect does the applicant impress you least favorably?

E. Please make any additional comments about the applicant's record, potential or personal qualities which you feel would be helpful to the Admissions Committee. We are especially interested in anything that would not be otherwise apparent in the candidate's record.

F. Overall Evaluation:

- ☐ I recommend this applicant **without reservation**
- ☐ I recommend this applicant
- ☐ I recommend this applicant **with reservations**
- ☐ **I would not recommend** this applicant

Date

Signature

Title

Address

Telephone Number

Return this Letter of Recommendation to the applicant in a sealed envelope. Sign across the seal to maintain confidentiality.

RECOMMENDATION FORM

Rutgers, The State University of New Jersey Physician Assistant Program

- I. TO THE APPLICANT:** Please complete the upper portion of this Recommendation Form before forwarding it to the individual who is recommending you.

Name of Applicant

Address of Applicant

NOTICE TO WRITER OF STATEMENT AND APPLICANT: Public Law 93 – 380, Educational Amendments Act of 1974, grants students and graduates the right of access to Letters of Recommendation in their student files. The opportunity to waive one's right to inspect such letters is also provided by the law. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not indicate a response.

I, the undersigned, hereby (☐ do, ☐ do not) waive my right of access to this Letter of Recommendation.

Signature of Applicant

Date

- II. TO THE PERSON COMPLETING THE RECOMMENDATION FORM:** Please fill out the remaining portion of this questionnaire and return it promptly.

Writer of Recommendation (please print)

- A. Please rate the applicant in regard to the following characteristics.
(1=lowest rating ; 5=highest rating)

CHARACTERISTICS	RATING					
	1	2	3	4	5	Cannot Evaluate
Natural Intellectual Ability						
Breadth of General Knowledge						
Ability to Express Self in Written English						
Ability to Express Self in Oral English						
Analytical Ability						
Emotional Maturity						
Ability to Work with Others						
Performance of Required Tasks						
Promise as a Health Care Provider						
Leadership Ability						
Honesty						

B. How long have you known the applicant and in what capacity?

C. In what respect does the applicant impress you most favorably?

D. In what respect does the applicant impress you least favorably?

E. Please make any additional comments about the applicant's record, potential or personal qualities which you feel would be helpful to the Admissions Committee. We are especially interested in anything that would not be otherwise apparent in the candidate's record.

F. Overall Evaluation:

- ☐ I recommend this applicant **without reservation**
- ☐ I recommend this applicant
- ☐ I recommend this applicant **with reservations**
- ☐ **I would not recommend** this applicant

Date

Signature

Title

Address

Telephone Number

Return this Letter of Recommendation to the applicant in a sealed envelope. Sign across the seal to maintain confidentiality.

Instructions for Recommendation Writer:

1. A letter of recommendation that is not accompanied by a Recommendation Form **CANNOT** be substituted.
2. Complete Section II of the form. **NOTE:** If you attach a letter which answers questions B, C, D, and E, you may enter "see attached" under those sections. However, you **must complete sections A and F, and sign the form at the bottom even if a letter is attached.**
3. Place the form in a sealed envelope.
4. Sign across the seal as shown to the right.
5. **Return the form to the *applicant* – NOT to the PA Program.**



Instructions for Recommendation Writer:

1. A letter of recommendation that is not accompanied by a Recommendation Form **CANNOT** be substituted.
2. Complete Section II of the form. **NOTE:** If you attach a letter which answers questions B, C, D, and E, you may enter "see attached" under those sections. However, you **must complete sections A and F, and sign the form at the bottom even if a letter is attached.**
3. Place the form in a sealed envelope.
4. Sign across the seal as shown to the right.
5. **Return the form to the *applicant* – NOT to the PA Program.**



Instructions for Recommendation Writer:

1. A letter of recommendation that is not accompanied by a Recommendation Form **CANNOT** be substituted.
2. Complete Section II of the form. **NOTE:** If you attach a letter which answers questions B, C, D, and E, you may enter "see attached" under those sections. However, you **must complete sections A and F, and sign the form at the bottom even if a letter is attached.**
3. Place the form in a sealed envelope.
4. Sign across the seal as shown to the right.
5. **Return the form to the *applicant* – NOT to the PA Program.**

