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/](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. 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 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, the 3+3 advisor (either Dr. Vogel, or Dr. Carr Schmidt), and an advisor from an SAS Advising Dean (SAS Advising and Academic Services), indicating that the student understands that they must complete all the undergraduate degree and necessary major requirements by the end of their junior year and that they are on track, with the transfer credits from the PA program, to complete their undergraduate degree by May 2024.
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

ill. 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 732-23S-4689.

C. Questions? If you have any questions, please contact the Physician Assistant Program (732-23S-444S).

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.
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

________________________________________

SAS Advising Dean (SAS Advising and Academic Services)

Signature Printed Name of Dean

Date
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 ________________________

4. Tel. No. ( ________________________  5. Social Security No./optional)

6. Preferred Mailing Address ________________________ Street ________________________ City

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.


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

   o Yes  □ No

19: What is the type of geographic area where you were raised?

   o Urban(population 1,000,000)
   □ Large City(population 100,000 to 1,000,000)
   □ Mid-Size City(population 50,000 to 99,999)
   o Large Town(population 10,000 to 49,999)
   o Small Town(population 2,500 to 9,999)
   □ 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.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Address of Institution</th>
<th>Date of Attendance</th>
<th>Diploma/Degree</th>
<th>Date Received</th>
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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:

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<tr>
<th>Employer</th>
<th>Supervisor</th>
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<td>Frequency</td>
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<td>Dates</td>
<td>Duties</td>
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Healthcare Shadowing Experience:

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<th>Title</th>
<th>Employer</th>
<th>Supervisor</th>
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Community Service:

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<td>Dates</td>
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**Other Work Experience:**

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<th>Employer</th>
<th>Frequency</th>
<th>Accrued Current Hours</th>
<th>Current Hours</th>
<th>Job</th>
<th>State</th>
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**Duties**

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**Research Experience:**

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**Duties**

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**Health Related Certifications:**

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<th>Agency/School/Sponsor</th>
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**Awards, Honors, Professional Memberships & Leadership:**

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<tr>
<th>Name Of Award, Professional Memberships, Leadership Position, Honor</th>
<th>Merit-based Scholarship</th>
<th>Organization</th>
<th>Date Received</th>
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26. List below the name, address, and affiliation (e.g., instructor, supervisor) of each person from whom you have requested a letter of recommendation.

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 allow 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 for the School and/or specific program(s) located at [http://sdp.rutgers.edu/admissions/admissions tech.html](http://sdp.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)

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>RATING</th>
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<td>1</td>
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<td>Natural Intellectual Ability</td>
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<td>Breadth of General Knowledge</td>
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<td>Ability to Express Self in Written English</td>
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<tr>
<td>Ability to Express Self in Oral English</td>
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<tr>
<td>Analytical Ability</td>
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<td>Emotional Maturity</td>
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<td>Ability to Work with Others</td>
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<td>Performance of Required Tasks</td>
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<td>Promise as a Health Care Provider</td>
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<td>Leadership Ability</td>
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<td>Honesty</td>
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</tbody>
</table>
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
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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)

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>RATING</th>
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<tbody>
<tr>
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<td>1 2 3 4 5 Cannot Evaluate</td>
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<tr>
<td>Natural Intellectual Ability</td>
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<tr>
<td>Breadth of General Knowledge</td>
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<tr>
<td>Ability to Express Self in Written English</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>Ability to Work with others</td>
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<tr>
<td>Performance of Required Tasks</td>
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<tr>
<td>Promise as a Health Care Provider</td>
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<tr>
<td>Leadership Ability</td>
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<tr>
<td>Honesty</td>
<td></td>
</tr>
</tbody>
</table>
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 (o do, o 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)

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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.

X-------------------------

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