

Overall Assessment:

- This is a truly exceptional candidate
- I recommend without reservation that the applicant be admitted to the program
- I recommend that the applicant be admitted to the program
- I recommend with some reservation that the applicant be admitted to the program
- I do not recommend that the applicant be admitted to the program

Signature Date

Recommender Name: _____

Title: _____

Organization: _____

Address: _____

City State Zip Code Country

Telephone (_____) _____ E-mail address: _____

Instructions for Returning Recommendation Form

Please seal this recommendation in the envelope provided, sign across the seal, and return by mail. We will send an acknowledgement to you upon receipt. Please return this form by mail to:

Educational Programs
Department of Community Medicine
PO Box 9190 West Virginia University
Morgantown WV 26506-9190