

## GRADUATE PROGRAM ADMISSION RECOMMENDATION FORM

**THIS RECOMMENDATION IS FOR :**

**APPLICANT NAME:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**PROGRAM APPLYING TO:** \_\_\_\_\_ **DEGREE/CERTIFICATE SOUGHT** \_\_\_\_\_

**APPLICANT EMAIL ADDRESS:** \_\_\_\_\_

### RECOMMENDER'S EVALUATION

The above named applicant is in the process of applying to the Medical College of Wisconsin Graduate School of Biomedical Sciences. An application will remain incomplete until this form and accompanying letter of recommendation is received from the applicant's recommenders. **Your letter of recommendation should focus on the applicant's qualifications, potential as well as particular strengths and/or weaknesses that would affect their suitability and success as a graduate student of the program they are applying to.** The recommender completes the evaluation below by placing a ✓ "check" in the corresponding row under the column of the recommender's rating choice for each category.

	Excellent	Above Average	Average	Below Average	Inadequate Knowledge
<b>Interpersonal Relationships</b>					
<b>Leadership</b>					
<b>Adaptability</b>					
<b>Initiative</b>					
<b>Work Habits</b>					
<b>Intellectual Ability</b>					
<b>Laboratory Competence</b>					

Indicate how strongly you recommend this applicant by checking one of the ratings below

Outstanding    
  Above Average    
  Average    
  Below Average

### RECOMMENDER'S INFORMATION

Name of Recommender: \_\_\_\_\_ Title: \_\_\_\_\_

School/Company Name: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature or E-Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

(For electronic transfer of document, typing your name will serve as official signature)

**Return this completed and signed form and accompany recommendation letter with signature by scanning and/or print to a PDF file and a) uploading via the link provided or b) emailing to [gradschool@mcw.edu](mailto:gradschool@mcw.edu). Mailed copies can be sent to:**

**Graduate School of Biomedical Sciences  
 Medical College of Wisconsin  
 8701 Watertown Plank Road  
 Milwaukee, WI 53226**

Any questions can be directed to the Graduate School office: E-mail: [gradschool@mcw.edu](mailto:gradschool@mcw.edu) or Phone: 414-955-8218