

Medical College of Ohio Graduate School

Recommendation Form

Department of Occupational Therapy

Please return to:
Admissions Office/Graduate School
Medical College of Ohio
Mulford Library Building
3045 Arlington Avenue
Toledo, OH 43614-5805

To the Applicant: Please complete the upper portion of the Recommendation Form and give it to a person who is familiar with your academic and/or employment record. You will need to print three of these forms.

Applicant's Name _____

Name of Referee _____

Title of Referee _____

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access these recommendations or to decline to do so. The College does not require that you make such a waiver as a condition for admission.

I do **not** waive my right of access to this recommendation. I waive my right of access to this recommendation.

Applicant's Signature _____ Date _____

To the Referee: Please note as is indicated above, whether or not the applicant has waived her/his right to access your recommendation. MCO will appreciate your writing us as fully as you can concerning the applicant. We would particularly appreciate your candid opinion of the applicant's abilities to undertake graduate study, and of her/his commitment to a career in a health-related profession. Please complete the remaining portion of this form and return it to the above address. If you prefer to provide a standard letter of reference rather than responding to the questions below, please feel free to do so, but include this student waiver form.

How long and how well have you known the applicant and in what capacity?

In comparison with other students you have taught or other employees with whom you have worked or supervised, how do you rate the applicant in the following characteristics?

	Outstanding	Very Good	Good	Average	Below Average
Critical thinking and analysis skills					
Organizational skills					
Interpersonal skills					
Perseverance in pursuing goals					
Self-reliance and independence in scholarly work					
Speaking skills					
Writing skills					
Emotional stability and maturity					
Leadership potential					
Motivation toward successful and productive career					

(Please complete the next page)

Please describe qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant's ability to complete graduate studies and assume a leadership and/or management role in a health-related profession.

What do you consider to be the applicant's weaknesses?

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate School of the Medical College of Ohio.

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Please add any additional comments you may wish to make here or on a separate sheet of paper.

Referee's Signature _____ Date _____

Referee's Name (Printed) _____ Title _____

Organization _____

Address _____

Telephone Number _____