

REFERENCES

Three references are required as part of the application to the Master of Medical Science Program. You must use the two-page forms provided.

APPLICANT

- (1) Complete each of the three reference forms by following the directions on each.
- (2) When you print out this application document, submit one two-page reference form and a return envelope to each of your three references.

(4) Please evaluate the applicant in each category in terms of how she/he has met your expectations:

	DID NOT MEET	MET	EXCEEDED	NOT OBSERVED
INTELLECTUAL ABILITY	O	O	O	O
VERBAL COMMUNICATION	O	O	O	O
WRITING ABILITY	O	O	O	O
MOTIVATION	O	O	O	O
INITIATIVE	O	O	O	O
ACCEPTS RESPONSIBILITY	O	O	O	O
ABLE TO WORK WITH OTHERS	O	O	O	O
MATURITY	O	O	O	O
INTEGRITY	O	O	O	O
DEPENDABLE	O	O	O	O
COMMON SENSE	O	O	O	O
WELL ORGANIZED	O	O	O	O

(5) Please mark your recommendation for admission based on the applicant's overall suitability for the Program:

- Recommend without reservation
- Recommend
- Do not recommend

(6) Below please provide any additional information that you feel might be useful in evaluating this applicant for the Anesthesiology Program.

(7) Please check the following box if you are providing a letter of recommendation for this person:

(8) Please date and sign this recommendation form.

SIGNATURE

____-____-____
DATE

(9) Please return this form to
 Master of Medical Science Program
 Department of Anesthesiology
 Emory University School of Medicine
 57 Executive Park South, Suite 300
 Atlanta, Georgia 30329

(4) Please evaluate the applicant in each category in terms of how she/he has met your expectations:

	DID NOT MEET	MET	EXCEEDED	NOT OBSERVED
INTELLECTUAL ABILITY	O	O	O	O
VERBAL COMMUNICATION	O	O	O	O
WRITING ABILITY	O	O	O	O
MOTIVATION	O	O	O	O
INITIATIVE	O	O	O	O
ACCEPTS RESPONSIBILITY	O	O	O	O
ABLE TO WORK WITH OTHERS	O	O	O	O
MATURITY	O	O	O	O
INTEGRITY	O	O	O	O
DEPENDABLE	O	O	O	O
COMMON SENSE	O	O	O	O
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(1) Complete this page above the triple line.

(2) Enter your full name: _____

(3) Enter your reference's name: _____

(4) Under the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their educational records, including letters of recommendation. You may waive that right if you so desire. Please select one of the following two options, then sign and date your choice.

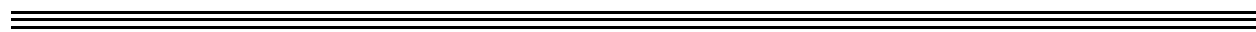
I expressly waive any rights that I might have of access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

I do NOT waive my right to access this letter of recommendation.

SIGNATURE

____-____-_____
DATE

(5) When you print out this application document, provide a copy of this page to your reference.



EVALUATOR

This individual is applying to the Master of Medical Science Program in Anesthesiology – a 24-month program of didactic and clinical education culminating in an individual's entry into healthcare as an anesthetist member of the anesthesia care team – providing direct patient care daily. The academic and clinical demands of this program are great. The student, and later the practitioner, must have unquestionable integrity. Your candid evaluation of this applicant will be greatly appreciated.

(1) Please enter contact information for yourself:

NAME

DEGREE

TITLE

INSTITUTION OR BUSINESS

POSITION

ADDRESS

(____) _____

TELEPHONE

(2) How long have you known the applicant? _____

(3) In what capacity have you known the applicant? _____

(4) Please evaluate the applicant in each category in terms of how she/he has met your expectations:

	DID NOT MEET	MET	EXCEEDED	NOT OBSERVED
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VERBAL COMMUNICATION	O	O	O	O
WRITING ABILITY	O	O	O	O
MOTIVATION	O	O	O	O
INITIATIVE	O	O	O	O
ACCEPTS RESPONSIBILITY	O	O	O	O
ABLE TO WORK WITH OTHERS	O	O	O	O
MATURITY	O	O	O	O
INTEGRITY	O	O	O	O
DEPENDABLE	O	O	O	O
COMMON SENSE	O	O	O	O
WELL ORGANIZED	O	O	O	O

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