

REFERENCES

Three references are required as part of the application to the Master of Medical Science Program in Anesthesiology. You must use the two-page forms provided. Your reference may also write a letter of recommendation if he/she so desires.

APPLICANT

- (1) Complete each of the three reference forms by following the directions on each.
- (2) Provide one two-page reference form along with a return envelope to each of your three references.

APPLICANT

(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.

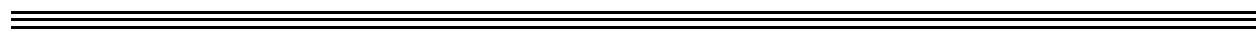
I expressly waive any rights that I might have of access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

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 27-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 know 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
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 in Anesthesiology
57 Executive Park South - Suite 300
Atlanta, GA 30329

REFERENCE FORM

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