SUMMER HEALTH PROFESSIONS EDUCATION PROGRAM

Shaping Careers. Changing Lives.

RECOMMENDATION FORM

APPLICANT: Please clearly print your information below before giving the form to the individual submitting your recommendation.

SHPEP ID NUMBER ______________________________

NAME ______________________________

LAST FIRST MIDDLE

PHONE NUMBER ______________________________

EMAIL ADDRESS ______________________________

RECOMMENDER: Please clearly print your information and answer as many questions as your acquaintance with the applicant permits. If you choose to submit a letter in addition to, or in substitution of this form, it must be printed on official institution letterhead. Please include the first page of this form with your letter to assist with matching it to the correct application.

Email your recommendation to shpepletters@aamc.org. If you are unable to access email, please mail your recommendation to the address below:

Summer Health Professions Education Program
Association of American Medical Colleges
655 K Street NW, Suite 100
Washington, DC 20001-2399

REFERENCE PROVIDED BY:

NAME ______________________________

COLLEGE/UNIVERSITY/COMPANY ______________________________

TITLE/POSITION ______________________________

DEPARTMENT ______________________________

EMAIL ADDRESS ______________________________

PLEASE RATE THE APPLICANT ON THEIR ATTRIBUTES AND SKILLS BELOW:

	Outstanding	Good	Fair	Poor	Unable to Judge
Intellectual ability					
Integrity					
Work habits					
General motivation					
Leadership					
Imagination/creativity					
Initiative					
Ability to work with others					
Maturity					
Writing skills					
Verbal communication					

In what capacity do you know the applicant?

Do you have any concerns about this student's ability to participate in an intensive six-week residential program designed to increase his/her preparedness for application and matriculation to a health professions school?

I have no concerns.

I have concerns about this student.

Please share anything you think is important for us to know about this student. Use additional paper, if necessary.

SIGNATURE____ DATE_______________