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								
l	_AST	First	Middle					
PHONE NUMBER _								
EMAIL ADDRESS _								

RECOMMENDER: Please clearly print your information. If you choose to submit a letter in addition or in substitution of this form, it must be on official institution letterhead. Please sign (or provide an electronic signature) on this form or reference letter.

How to submit your reference: The applicant should list you as their reference on their SHPEP application. You will then receive an email from the AAMC Letter Writer application service. Once you are ready to upload your document (.pdf, .doc, or .docx), use the URL provided in the email to be taken directly to the AAMC Letter Writer Portal to fulfill this request. Please do not email or mail in your letter or recommendation form.

REFERENCE	PROVIDED	BY:
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Nаме
College/University/Company
TITLE/POSITION
DEPARTMENT
EMAIL ADDRESS

DEADLINE TO SUBMIT REFERENCE IS FEBRUARY 5TH.

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

SIGNATURE_____