

# Med-Start

## Student Recommendation Form 1

APPLICANT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**This student has asked you to provide an assessment of his/her suitability as a participant in the Med-Start Summer Program.** The Med-Start Summer Program is a competitive academic enrichment summer program for students interested in health careers. **For more information about Med-Start, please see <http://medstart.arizona.edu/> or contact:**

The University of Arizona,  
College of Medicine - Office of Diversity and Inclusion  
1501 N. Campbell Avenue, Room 1119B  
P.O. Box 245140, Tucson, AZ 85724  
TEL: (520) 621-5531 or (800) 841-5948  
Email: [azhealth@email.arizona.edu](mailto:azhealth@email.arizona.edu)

We are interested in selecting students who have:

- 1) demonstrated an interest in health careers or could benefit from learning about such options; and
- 2) demonstrated past academic achievement, or are capable of handling a college curriculum in the future, whether or not the student's grades presently reflect this.

**Please complete the following and mail it to the Tucson Office (above) no later than February 1.**

**We ask that you give us your overall impression of the student as well as address specific questions. Thank you for taking the time to provide this important evaluation.**

Characteristics	Out- Standing	Very Good	Good	Fair	Poor	Unable to judge
<b>INTELLECTUAL CAPACITY:</b> <i>Ability to gather, integrate and work with information</i>						
<b>MOTIVATION:</b> <i>Genuineness, desire and depth of commitment to the health care profession</i>						
<b>MATURITY:</b> <i>Personal development, ability to cope with life situations</i>						
<b>INTERPERSONAL RELATIONS:</b> <i>Ability to get along with others, rapport, cooperation, attitude toward supervision</i>						
<b>EMPATHY:</b> <i>Sensitivity to the needs of others, consideration, tactfulness</i>						
<b>EMOTIONAL STABILITY:</b> <i>Performance under pressure, mood stability, ability to relate to others</i>						
<b>ANALYTICAL SKILLS:</b> <i>Ability to problem solve, correlate and process information, and to think critically</i>						
<b>JUDGMENT:</b> <i>Ability to evaluate a problem involving people, common sense and decisiveness</i>						

<b>RESOURCEFULNESS:</b> <i>Ability to discover new resources and to manage new and already present resources skillfully</i>							
<b>RELIABILITY:</b> <i>Dependability, sense of responsibility, promptness, conscientiousness</i>							
<b>LEADERSHIP:</b> <i>Ability to initiate; lead and/or work with others</i>							
<b>COMMUNICATION SKILLS:</b>	<i>Verbal skills, clarity of expression, articulateness</i>						
	<i>Clarity and conciseness of written expression</i>						
<b>PERSEVERANCE:</b> <i>Energy, endurance, desire to succeed, ability to overcome obstacles</i>							
<b>INTEGRITY:</b> <i>Honesty, trustworthiness, uprightness</i>							
<b>CREATIVITY:</b> <i>Ability to generate new and novel ideas, or approaches to problems</i>							
<b>Overall Recommendation:</b>	<input type="checkbox"/> This applicant receives my highest recommendation without reservation	<input type="checkbox"/> I recommend this applicant with confidence	<input type="checkbox"/> I recommend this applicant	<input type="checkbox"/> I would not recommend this applicant for admission			

*Please respond to the following, based on your familiarity with the student:*

1) The student's strengths as you see them

2) The student's weaknesses as you see them

3) How will the student benefit from participating in the Med-Start Summer Program?

4) What will the student contribute to the Med-Start Summer Program?

5) Any additional comments about the student

Recommender's Information

Date: \_\_\_\_\_

I, (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ have completed this form.

Title/Position: \_\_\_\_\_

Department/School/Organization: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Alternate phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email Address: \_\_\_\_\_