



SLCM WHQM – SLMC Graduate Program

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RECOMMENDATION Master of Science in Molecular Medicine

NAME OF APPLICANT: <i>(Last name, First name, Middle name)</i>	GENDER: Male Female
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Sir/Madam:

The applicant named above has applied for admission to the Master of Science in Molecular Medicine joint program of the St. Luke's Medical Center and St. Luke's College of Medicine and has listed you as a referee. We would appreciate it very much if you could complete this evaluation form according to your best knowledge and return it to the SLCM WHQM-SLMC Graduate Office on or before _____. You may use a separate sheet to give a narrative of additional information about the applicant. Please use the envelope provided and mail or hand-carry to the SLCM WHQM-SLMC Graduate Program.

Thank you very much.

APPLICANT'S CHARACTER

Please rate the applicant accordingly.

ATTRIBUTES	5 EXCEPTIONAL	4 SUPERIOR	3 AVERAGE	2 FAIR	1 POOR	0 CANNOT EVALUATE
1. Intellectual ability						
2. Research capability						
3. Capacity for critical/analytical thinking						
4. Leadership qualities						
5. Motivation for graduate studies						
6. Emotional stability						
7. Diligence in study or habits						
8. Teaching potentials						
9. Resourcefulness and creativity						
10. Honesty and integrity						

RECOMMENDATION

I recommend the candidate to the Master of Science in Molecular Medicine program very strongly strongly.

I do not recommend the candidate to the Master of Science in Molecular Medicine program.

REFERREE'S PERSONAL DETAILS

NAME: <i>(Last name, First name, Middle name)</i>	POSITION/RANK/TITLE:	
INSTITUTION:	TEL. NO.:	E-MAIL ADDRESS:
ADDRESS:	ZIP CODE:	FAX NO.:
NUMBER OF YEARS YOU HAVE KNOWN THE APPLICANT:	IN WHAT CAPACITY: <input type="checkbox"/> Professor <input type="checkbox"/> Supervisor/Employer <input type="checkbox"/> Others, specify	

Signature above printed name of referee

Date accomplished