

Student Name (First & Last): _____
High School: _____



Letter of Recommendation Form

Medical Leaders of Tomorrow, 2018

Instructions for the student: Please write your full name and high school at the top each page of the recommendation form. Ask someone who knows you well (non-family member) if he/she would be willing to complete a recommendation form for you. This person can be a teacher, guidance/school counselor, mentor, employer, coach, club advisor, etc.

Instructions for the Recommender:

This student is applying to participate in Medical Leaders of Tomorrow (MLT). MLT is a one week, residential program for 40 high school students from socio-economically and educationally disadvantaged backgrounds who express a significant interest in health professions and science. This program is offered by the UCR School of Medicine. Please complete the form below. Your evaluation and comments are greatly appreciated.

Deadline for recommendations: April 30, 2018

Section I. Recommender's Name and Contact Information

Name: _____

Title: _____

Organization: _____

Address: _____

STREET

CITY

STATE

ZIP CODE

Telephone Number: _____ Fax: _____

Email: _____

Section II. Evaluation of Applicant

How long have you known this student and in what capacity?

Please fill out the table and use the scale provided as a guideline. Note that you may include comments to accompany each rating.

4= Outstanding

3= Above average

2=Average

1= Needs Improvement

N/A=Not able to Assess, Evaluate

CRITERIA	RATING	COMMENTS
Maturity/Responsibility		
Initiative		
Leadership potential		
Academic performance		
Attendance		
Works well with peers		
Makes good decisions		
Persistence in completing tasks		
Motivation and commitment		
Interest in science and/or medicine		

Section III. Recommender's Comments

Please describe how this student would benefit from the Medical Leaders of Tomorrow program. Be sure to describe any challenges the student has overcome or is working to overcome to achieve his/her goals and aspirations.

Recommender's Printed Name: _____

Recommender's Signature: _____