

**Master of Science in Cardiovascular Sciences**  
 Geneva College  
 Applicant Recommendation Form

**To be completed by Applicant:**

Name of Applicant \_\_\_\_\_

The Family Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing the rights to review this reference. Those writing letters of recommendation and those accessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access these recommendations or decline to do so. Please indicate your choice and sign your name.

\_\_\_\_\_ I waive my right to review this reference  
 \_\_\_\_\_ I do not waive my right to review this reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Evaluator:**

Please rate the applicant using as a standard all students you have known at this stage

	Upper 10%	Upper 25% but not upper 10%	Upper half but not upper 25%	Lower Half	No basis to judge	Comments
Academic Performance						
Intellectual Ability						
Speaking Skills						
Writing Skills						
Imagination/Creativity						
Motivation and Initiative						
Persistence in Meeting Goals						
Emotional Maturity						
Empathy for Others						
Integrity/Ethical Behavior						
Ability to Handle Criticism						
Interpersonal Skills						
Respect for Others from Diverse Backgrounds						
Potential for Graduate Study						
Overall Commitment to Health Profession						

How long have you known the applicant?

In what capacity/relationship? \_\_\_\_\_ Teacher \_\_\_\_\_ Supervisor \_\_\_\_\_ Academic  
Advisor \_\_\_\_\_ Other (please explain)

How well do you know the applicant? \_\_\_\_\_ Very Well \_\_\_\_\_ Well \_\_\_\_\_ Casually  
\_\_\_\_\_ No very well

Please check one, indicating your overall recommendation with respect to admission into the Masters  
of Cardiovascular Science Degree Program.

\_\_\_\_ strongly recommend \_\_\_\_ recommend \_\_\_\_ recomend with reservation \_\_\_\_ do not recommend

The Masters of Science in Cardiovascular Science Admissions Committee is not only assessing this  
applicants scholastic ability, but also personal qualifications necessary to become a cardiovascular  
health care professional. We are hoping to admit applicants with strong conceptual abilities, moral  
character, interpersonal skills and motivation. Please comment on or provide evidence of these  
qualities in space provided below:

Please elaborate on any reservations you might have regarding this applicant's capacity to succeed in  
graduate study and in the health care profession.

Recommender Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Mail this form directly to:

**Coordinator of Cardiovascular Sciences Program, Geneva College Department of Biology, 3200  
College Avenue, Beaver Falls, PA 15010**