

Phone: 949-824-0272 E-mail: [MedAcademy@uci.edu](mailto:MedAcademy@uci.edu)

**UCI MedAcademy**

**Teacher/School Counselor Recommendation Form**

Applicant’s Name: Date:

(Please print legibly.)

Name of School Attending:

**Applicant:** Please ask your teacher or school counselor to complete this form and send it directly to us at [MedAcademy@uci.edu](mailto:MedAcademy@uci.edu). The completed form must be sent from a teacher or counselor’s school-sponsored email account by the application deadline in order for your application to be considered complete.

**Dear Evaluator:**

Please evaluate the above applicant in relation to other students at the same level of learning.

How well do you know this applicant? (Please include length of time and your association.)

Outstanding=top 10% Good=top 25% Average=50% Poor=bottom 10%

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rating of Characteristics | Outstanding | Good | Average | Poor | No opinion |
| Motivation |  |  |  |  |  |
| Dedication |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Written Expression |  |  |  |  |  |
| Communication |  |  |  |  |  |
| Interpersonal Relationships |  |  |  |  |  |
| Intelligence |  |  |  |  |  |
| Leadership Capability |  |  |  |  |  |

Other comments or concerns (attach additional pages if needed):

Overall recommendation: Strongly recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Do not recommend \_\_\_\_\_

Name of Evaluator (Please print legibly):

Signature: Date:

Evaluator’s e-mail address: Phone:

School Name:

School Address:

**Please E-mail this completed form to:** [MedAcademy@uci.edu](mailto:MedAcademy@uci.edu)

Please note: This student evaluation form must be sent from a teacher or counselor’s school-sponsored email account by the application deadline in order to complete the student’s application.

Additional information is available on our website: <http://www.meded.uci.edu/medical-academy/>