

**Instructions to Applicant:** Complete the information within these lines. Provide this form and an envelope addressed to the UAMS Graduate School to the individual from whom you are requesting a Letter of Recommendation. This form and accompanying letter must be sent directly to the UAMS Graduate School by the individual providing the recommendation. You may copy this form if additional copies are needed.

Applicant Name (Please print): \_\_\_\_\_

*Under the provisions of the Family Educational Rights and Privacy Act of 1974 (P. L. 93-380), a student has access to all files pertaining to the student with the exception of those documents to which (s)he has waived right of access.*

I hereby **waive my right of access** to this recommendation information

OR

I hereby **do not waive my right of access** to this recommendation information

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to Recommender:** The above named applicant has asked you to provide a recommendation on his or her behalf, for admission to the UAMS Master of Science Program in Genetic Counseling. In addition to completing this form, we ask that you provide a letter addressing this applicant's strengths, weaknesses and characteristics that would assist us in determining the potential of this individual as a graduate student and professional. The due date for receipt of application materials is February 15, 2010.

**Are you enclosing a letter in addition to this form?**  Yes  No

How long and in what capacity have you known the applicant? \_\_\_\_\_

**Compared to other individuals at the same point in his/her academic and/or professional career, this applicant falls into which category:**

	Exceptional	Above Average	Average	Below Average	Poor	No basis for evaluation
Analytical Ability						
Scholastic Aptitude						
Breadth of Knowledge						
Oral Communication Skills						
Written Communication Skills						
Ability to Work Independently						
Ability to Work with Others						
Flexibility						
Leadership Ability						
Maturity						
Professionalism						
Personal Integrity						
Initiative, Motivation & Perseverance						
Originality & Creativity						

**Please indicate your overall endorsement of this applicant:**

Highly Recommend  Recommend  Recommend with Reservation  Do Not Recommend

Name & Title (please print): \_\_\_\_\_

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

This completed form and recommendation letter should not be handled by the applicant.  
All application materials are to be sent to:  
UAMS Graduate School Office  
4301 West Markham St., #601, Little Rock, AR 72205