

# RECOMMENDATION FORM

**Applicant name:** \_\_\_\_\_

## TO THE APPLICANT:

The Federal Family Educational Rights and Privacy Act of 1974 states that students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing them may attach more significance to them if it is known that the contents will remain confidential. It is your option to waive or retain the right to review your recommendations. Please indicate your choice and sign below.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

## I am an employee of Public Health Management Corporation, Philadelphia, PA or a PHMC Subsidiary:

- No. I will have this form and letter of recommendation forwarded to the following mailing address or email address for review by the PCOM Admissions Committee:

PCOM Office of Admissions  
4170 City Avenue  
Philadelphia, PA 19131-1694  
recommend@pcom.edu

- Yes. I will have this form and letter of recommendation forwarded to the following address for PHMC Office of Organizational Development and Learning review:

Public Health Management Corporation  
Office of Organizational Development and Learning  
LM 500, Lower Mezzanine, West Tower  
1500 Market Street  
Philadelphia, PA 19102

I understand that if I am approved by PHMC to move to Stage Two of the admissions process, this form and corresponding letter will be passed from PHMC to the PCOM Office of Admissions for review by the PCOM Faculty Committee on Admissions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TO THE EVALUATOR:

\_\_\_\_\_ is applying for admission to Philadelphia College of Osteopathic Medicine. We are interested in your evaluation of his or her potential for graduate work, particularly intellectual ability, expressive ability (verbal and written), maturity, emotional stability, integrity, motivation and ethical standards. **If "Yes" is checked above, your evaluation (form and letter) will also be forwarded to the Philadelphia College of Osteopathic Medicine Office of Admissions for review.**

Please submit a letter of recommendation AND this completed form, to the appropriate address above via mail or email.

\_\_\_\_\_  
Evaluator's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution/Organization

\_\_\_\_\_  
Evaluator's Signature

I have known the applicant for

\_\_\_\_\_ years

\_\_\_\_\_ months

I have known the applicant as a(n):

graduate student

undergraduate

peer/professional

other (please specify)  
\_\_\_\_\_  
\_\_\_\_\_

I know the applicant:

slightly

fairly well

very well

The population with which I am comparing this applicant consists of:

undergraduate students I have taught/known

graduate students I have taught/known

colleagues I have worked with

people I have supervised

Philadelphia  
College of  
Osteopathic  
Medicine

Public Health  
Management  
and  
Administration

PCOM

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