

RECOMMENDATION FORM

HCOP
PO Box 9027
Morgantown, WV 26506-9027

This section is to be completed by the applicant.

Last Name

First Name

MI

I waive () I do not waive () my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. par 1232g(a)(1). I understand that this form will be used by West Virginia University solely in its procedures relating to acceptance to the HCOP Program.

Signature

Date

TO BE COMPLETED BY EVALUATOR

The student listed above is requesting that you complete this form as a part of application to the Health Careers Opportunity Program (HCOP). HCOP is a comprehensive program to provide students with the knowledge, skills, support, and abilities to enter and graduate from colleges and universities offering careers in allied health, medicine, dentistry, and pharmacy. The objectives of the HCOP Summer Program are to encourage and facilitate students from educationally and economically disadvantaged backgrounds to seek and successfully graduate from a health professions school.

I. Please rate the applicant on the following personal characteristics.

	Superior	Good	Avg.	Fair	Weak	Unable to Evaluate
Reliability						
Communication Skills						
Maturity Level						
Interaction with Others						
Self-Confidence						
Leadership Ability						
Personal Integrity						
Work Ethic						

II. In comparison to a representative group of students who have the same amount to experience and training, rate the applicant in the following areas.

	Top 5%	Top 10%	Top Quarter	Top Half	Bottom Half	Unable to Evaluate
Present Academic Performance in College Coursework						
Academic Aptitude and Potential for Professional School Coursework						

