

## VCU Health Sciences and Health Careers Pipeline Programs

## Recommendation Form

Section I (To be completed by the applicant)					
The following information must match the information that you have supplied on your VCU Pipeline online application. Please complete this section fully before giving it to the person who will be submitting your recommendation.					
FULL NAME (Last, First, Middle Initial)					
Date of birth (mm/dd/yyyy):					
Email Address:					
Program for which you are applying:					
Name of Recommender:					

## Instructions to the recommender:

Information supplied in this recommendation form will be used to assist in the overall evaluation of students applying to the VCU Health Sciences and Health Careers Pipeline Programs. Please be sure to have this cover page accompany your recommendation so we may properly match your recommendation to student files.

Recommendations may be submitted via postal mail or email at:

VCU Pipeline Programs PO Box 980006 1000 East Marshall Street, Suite 209 Richmond, VA 23298

or

## Pipelineapp@vcu.edu

If recommendations are being submitted via email, please be sure to have them emailed directly from the recommender. Emailed letters of recommendations from student email addresses will not be accepted. Formatting issues and inability to electronically sign the form have been reported. We recommend printing and mailing and/or printing, scanning, and emailing letters to ensure signature is legible and reduce the possibility of formatting issues. If you have questions about this form, please contact the VCU Pipeline Team at <a href="mailto:pipelineapp@vcu.edu">pipelineapp@vcu.edu</a> or 804-827-0982.



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Signature:

For how long and in what capacity do y	ou know the app	licant?			
Please carefully assess the applicant in to other students that you have known		-		rate the appli	 cant in compar
	Superior	Good	Average	Poor	Unknown
Intellectual ability	-				
Self-reliance					
Leadership skills					
Written communication skills					
Oral communication skills					
Initiative					
Response to constructive criticism					
Ability to work in a team					
Ability to work independently					
magination/creativity					
Motivation					
Maturity					
Professionalism					
n a VCU Pipeline Program:  Your overall assessment of the applica  ☐ Highly Recommend  ☐ Recommend withou		□ Rec	eline Program: ommend with res not recommend	ervation	
Name:		ender Informa			
Title/Position:					
nstitution/Agency:					
THAT AUDIESS:					