

**Harpur College Summer Physician Mentor Program
Faculty Reference Form**

Student's name: _____

Dear Recommender,

The student mentioned above is applying to participate in the Harpur College Summer Physician Mentor Program and has asked you supply the information requested below as thoroughly as possible. Per the application requirements, the student has waived their rights to view their letter of recommendation. Your efforts are greatly appreciated. Thank you for your assistance. If you have any questions, please contact Michelle Jones via email or phone: mdjones@binghamton.edu/607-777-6305.

1. How long have you known this student and in what capacity?

2. How well do you think this student would perform in a mentoring program where he or she would have a one-on-one relationship with a physician and would shadow that practitioner on a regular basis?
 Excellent Good Average Below Average Unable to evaluate

3. Academic and Professional Ratings: To the best of your ability, please rate the student in each category.

	Excellent	Good	Average	Below Average	Unable to evaluate
Academic Promise					
Honesty/Integrity					
Motivation					
Oral Expression					
Self-Discipline					
Written Expression					

4. Please provide additional comments you feel would allow the Harpur College Summer Physician Mentor Program Selection Committee to evaluate the student. Please feel free to attach a letter of support to this reference form.

Overall Recommendation: Highly-Recommend Recommend Do not recommend

Reference Name and title (Please print): _____

Email and phone number: _____

Reference Signature: _____ Date: _____

Please return this form in a sealed envelope with a signature over the seal to Harpur Academic Advising c/o Michelle Jones, Old Champlain, Harpur Advising, room 110. Letters are due no later than 4:00pm on Friday, February 17, 2017.

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