

# Admissions Reference Form for Graduate Programs at the Medical College of Georgia



**Office of Academic Admissions  
170 Kelly Building—Administration  
Medical College of Georgia  
Augusta, Georgia 30912**

**Attention applicant.** Complete Part I (type or print legibly), then have reference complete Part II. Reference should then return form directly to the Office of Academic Admissions in the envelope provided.

## Part I

Name of applicant \_\_\_\_\_  
 applying for admission to graduate study leading to the  
 degree of \_\_\_\_\_  
 \_\_\_\_\_  
 in the field of \_\_\_\_\_  
 \_\_\_\_\_  
 Address of applicant \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

Name of reference \_\_\_\_\_  
 Address of reference \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Daytime telephone number of reference (including area code) \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail address of reference \_\_\_\_\_

## Part II

**To the reference:** The above named applicant has applied to the program indicated at the Medical College of Georgia and has given your name as a reference. We would appreciate your candid appraisal of this applicant and return of this report at your earliest convenience. Please note that the confidentiality of this form cannot be guaranteed. Thank you for your assistance in evaluating this applicant.

1. I have known this applicant \_\_\_\_\_ years as the applicant's \_\_\_\_\_.

2. Do you have any reason to doubt this applicant's integrity?  Yes  No If yes, please explain separately.

3. APPRAISAL OF APPLICANT COMPARED TO PEER GROUP WITH REFERENCE TO:	EXCELLENT (HIGHEST 10%)	ABOVE AVERAGE (NEXT HIGHEST 10%)	AVERAGE	BELOW AVERAGE	NOT OBSERVED
a. Intellectual ability	_____	_____	_____	_____	_____
b. Research aptitude	_____	_____	_____	_____	_____
c. Oral expression	_____	_____	_____	_____	_____
d. Written expression	_____	_____	_____	_____	_____
e. Imagination/Originality	_____	_____	_____	_____	_____
f. Initiative/Motivation	_____	_____	_____	_____	_____
g. Industry/Perseverance	_____	_____	_____	_____	_____
h. Emotional maturity	_____	_____	_____	_____	_____

4. Please attach a letter of recommendation including comments that you feel will help us to evaluate the applicant.

5. Please indicate your overall recommendation:  
 Not recommended  Recommended with reservation  Recommended  Recommended strongly

Signature of reference \_\_\_\_\_ Position or title \_\_\_\_\_ Date completed \_\_\_\_\_