

Recommendation Request Form

Indiana University School of Optometry

Applicant Instructions

Applicant: _____
Last Name First Name Middle Initial

Please complete the following information and furnish a copy of this form to your designated recommender along with a stamped envelope addressed to:

Attn: Joe Boes
Indiana University School of Optometry
Office of Student Administration
800 E. Atwater Ave.
Bloomington, IN 47405

Waived recommendations are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference.

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right to access this recommendation, but may choose to waive that right. My preference is noted below.

- I waive my right to inspect the content of the recommendation
- I do not waive my right to inspect the content of the recommendation

Applicant's Signature: _____ Date: _____

Recommender Instructions

The person named above is applying for admission to our Pre-College 'Focus on Your Future' program. In your remarks, we would appreciate your candid impressions of the applicant's ability, aptitude, and skills as they relate to a career in the health profession.

Please verify the following information, and complete **Part I and II** of this recommendation form and return directly to the Indiana University School of Optometry in the envelope provided by the applicant. **Please sign the back of the envelope across the sealing flap.**

Contact Information furnished by applicant:

Recommender's Name: _____
Occupation: _____
Address: _____
City: _____
State: _____ Zip: _____
Daytime Phone: _____
Email Address: _____

Recommender: Please update your information as needed.

Recommender's Name: _____
Occupation: _____
Address: _____
City: _____
State: _____ Zip: _____
Daytime Phone: _____
Email Address: _____

How long have you know the applicant: ____ Years ____ Months

- In what capacity? Teacher/Professor Advisor/Counselor
 Internship/Job Shadowing Other (please specify): _____

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Part I: Please indicate your evaluation of the applicant with a mark in the appropriate fields.

	Below Average 1	Average 2	Good 3	Excellent 4	Superior 5	Not Observed
Intellectual Ability						
Written Communication Skills						
Oral Communications Skills						
Organizational Skills						
Team Skills/ Collaboration						
Interpersonal Skills						
Maturity Level						
Integrity						
Receptiveness of Feedback						
<u>Overall Evaluation</u>						

Recommender's Signature: _____ Date: _____

Part II: Letter of Recommendation

A personal recommendation is a valued and integral part of the admissions process.

Please submit a letter of recommendation on professional letterhead for the above named applicant

- Comment on the applicant's motivation and suitability for this program.
- Consider the applicant's qualities in the grid above as well as integrity, ability to work with others, commitment and cultural sensitivity.

The Admissions Committee is aware of the time and care necessary to prepare this evaluation and gratefully acknowledges your help. Your prompt response in submitting this form is essential to a timely decision. If you have any questions or concerns, please call Joe Boes at (812) 855-3242 or email jboes@indiana.edu.

Thank you for your assistance!