

**SUNY New Paltz Committee on Prehealth Studies**  
**Confidential Student Recommendation Form**

**Return to:**  
**Dr. Tom Nolen**  
**Department of Biology**  
**SUNY New Paltz**  
**75 S. Manheim Blvd**  
**New Paltz, NY 12561**

Name of Applicant: \_\_\_\_\_ SID#: \_\_\_\_\_

The Applicant waives her/his right to examine this letter at a later time.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quality	Top 5%	Next 15%	Average	Below Average	Not Observed
Character					
Emotional Balance					
Maturity					
Motivation					
Communication Skills					
Intellectual Ability					
Judgment					
Perseverance					

**Please provide specific comments about the applicant's likely performance in medical school (attach a separate sheet and/or continue on back):**

Evaluation (circle):  Superior  Strong  Average  Non-competitive

Evaluator's Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_