

## Texas A&M System Health Science Center Graduate School of Biomedical Sciences Graduate Admission Recommendation Form

**To be completed by the applicant**

Name: Print or type your full legal name as it appears on your birth certificate and other legal documents.

\_\_\_\_\_ Last or Family Name First Middle

Other names under which credentials may be received:

\_\_\_\_\_ Last or Family Name First Middle

Permanent Address and Telephone Number:

\_\_\_\_\_ Street/P.O. Box/Apt. # (Area Code) Telephone

\_\_\_\_\_ E-mail address

\_\_\_\_\_ City County/Province State ZIP Code Country

Major: \_\_\_\_\_ Department: \_\_\_\_\_

GRE/MCAT scores: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical/Total \_\_\_\_\_  
Written \_\_\_\_\_ GRE Advanced \_\_\_\_\_ MCAT Total \_\_\_\_\_

Date of GRE/MCAT or planned test date: \_\_\_\_\_ GPR (based on a 4-point system) for last two undergraduate years: \_\_\_\_\_

Expected (or last) degree date: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Expected enrollment date \_\_\_\_\_

**OPTIONAL STATEMENT:**

I hereby waive my right of access to, and authorize The Texas A&M University System Health Science Center to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to Graduate Studies and for financial assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

**To be completed by the recommender: The applicant had indicated above whether access to this recommendation has been waived. We appreciate your cooperation. If additional space is needed, place attach a separate sheet**

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)
Intellectual Ability					
Ability to Communicate					
Self Reliance/Independence of thought					
Motivation					
Professional interest					

Recommendation based on applicant's ability to pursue graduate study (check one):

Strongly Recommend  Recommend  Recommend with reservation  Do not recommend

Please add any comments that might assist the Admissions Committee in making a judgment about the applicant's admission to graduate studies. **You may attach a separate sheet.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month Day Year

Name and Position(Print or typed): \_\_\_\_\_

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

**Mail this form to:**  
HSC Office of the Registrar  
235 SRPH Administration Building  
College Station, TX 77843-1266