

The Bioethics Program

Union Graduate College
Mount Sinai School of Medicine

UNION
Graduate College



Master of Science in Bioethics Applicants Letter of Recommendation

PART A: TO BE COMPLETED BY APPLICANT.

I hereby waive my right of access to information recorded on this form/supplemental sheets.

I do not waive my right of access.

Applicant's Name: _____
LAST FIRST MIDDLE/MAIDEN

Phone Number: () _____ Email: _____

Address of Applicant: _____
NUMBER STREET CITY STATE ZIP CODE

Intended Program of Study/Degree: _____

Applicant's Signature: _____ Date _____

PART B: NARRATIVE. TO BE COMPLETED BY PERSON SUBMITTING RECOMMENDATION.

Name: _____ Title: _____

Institution: _____ Phone: _____ Email: _____

Address: _____
NUMBER STREET CITY STATE ZIP CODE

How long and in what capacity have you known the applicant?

(application continues on the next page)

Using the chart below, please rank the applicant to other students or employees that you have known in a similar capacity.

Ability/Trait	Not Observed	Weak (Lower than 50%)	Fair (Top 50%)	Good (Top 25%)	Outstanding (Top 2%)
Ability to complete tasks on schedule					
Ability to work with others					
Maturity					
Self-confidence					
Oral communication skills					
Written communication skills					
Analitical and problem solving skills					
Sensitivity to ethical issues					
Sound ethical judgement					

Please provide a frank assessment of the applicant on the below or in a separate letter on your letterhead. The Admissions Committee seeks your opinion regarding the applicant's character, personality and your judgement of his/her ability to complete studies at the graduate level. A candid description of the applicant's strengths and weaknesses is most helpful.

NARRATIVE:

Signature: _____ Date: _____

**PLEASE SEAL THE ENVELOPE, WRITE YOUR SIGNATURE ACROSS THE FLAP AND RETURN TO:
ADMISSIONS COORDINATOR, UNION GRADUATE COLLEGE, LAMONT HOUSE, 807 UNION STREET, SCHENECTADY, NY 12308**