

MTC School of Midwifery

512.537.5848 fax 512.233.0090

LETTER OF RECOMMENDATION

Name of Applicant:

Semester you are applying for:

This applicant is applying for admission to MTC School of Midwifery, a school of midwifery with a rigorous program of study. We ask that you rate this applicant based on your experience with him/her to assist us in our decision making process.

Excellent 5	Above Average 4	Average 3	Below Average 2	Needs Improvement 1	Not Applicable N/A
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	5	4	3	2	1	NA	Comments
Ability to follow directions							
Critical thinking ability							
Ability to lead others							
Takes Initiative							
Flexibility / adaptability							
Ability to work with others							
Respect for diversity							
Integrity							
Ability to cope with stress							
Ability to receive constructive criticism							
Professionalism							

Your name:

Phone:

Date:

Your Profession:

Email:

How do you know the applicant?

How long have you known the applicant?

Thank you for time. Please return this letter either by fax, or email to the address below.