MTC School of Midwifery

512.537.5848 *fax* 512.233.0090

Name of Applicant:

LETTER OF RECOMMENDATION

Anticipated Start Term

| Excellent | Above Average | Average 3 | | | | Below Average 2 | | | Needs Improvement 1 | Not Applicable N/A |
|---|------------------|-----------|---|---|---|-----------------------|----|--|---------------------------|--------------------------|
| 5 | 4 | | | | | | | | | |
| | | 5 | 4 | 3 | 2 | 1 | NA | | Comments | i |
| Ability to follow | directions | | | | | | | | | |
| Critical thinking | g ability | | | | | | | | | |
| Ability to lead | others | | | | | | | | | |
| Takes Initiative | ; | | | | | | | | | |
| Flexibility / ada | ptability | | | | | | | | | |
| Ability to work | with others | | | | | | | | | |
| Respect for div | versity | | | | | | | | | |
| Integrity | | | | | | | | | | |
| Ability to cope with stress | | | | | | | | | | |
| Ability to receive constructive criticism | | | | | | | | | | |
| Professionalis | n | | | | | | | | | |
| Your name: | | Phone: | | | | | | | Date: | |
| our Profession: | | Email: | | | | | | | | |

MTCSoM-AA-2024.5 EMAIL: Info@MTCMidwifery.com

Thank you for time. Please return this letter either by fax 512.233.0090, or email to info@MTCMidwifery.com