

SHarP SCHOLARS PROGRAM
APPLICATION FOR GUARANTEED ADMISSION
University of Missouri
Clinical and Diagnostic Sciences Department
605 Lewis Hall, Columbia, MO 65211-4230

TEACHER'S RECOMMENDATION

To be completed by the applicant:

Last Name

First Name

Program

Choose one:

I hereby waive my right to see the contents of this recommendation.

I decline to waive my right to see the contents of this recommendation

Signature

Date

**The Family Educational Rights and Privacy Act (the Buckley Amendment) provides that, should the applicant wish, he/she will be entitled to inspect all records kept by the School of Health Professions, including the evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on the form.*

To Be Completed by the Teacher

Teacher's Name (First and Last)

Title

High School Name: _____

School Address: _____

Street address, City, State, Zip

Telephone Number: _____

E-Mail: _____

With what peer group are you comparing this applicant?

Under what circumstances have you known this applicant?

Please consider each item separately and rate each independently of all others. Check the rating that indicates the extent to which you agree with each statement.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree

The applicant:

Strongly Agree ↔ Strongly Disagree

- A. is able to get at the heart of a problem; able to separate important points from details; has an orderly, logical mind; is mentally efficient..... 5 4 3 2 1
- B. is forthright, frank and open..... 5 4 3 2 1
- C. is able to transfer acquired information into working knowledge..... 5 4 3 2 1
- D. is decisive. 5 4 3 2 1
- E. inspires confidence in others. 5 4 3 2 1
- F. is emotionally stable; projects a stable, calming influence in tense situations..... 5 4 3 2 1
- G. has sustained, genuine concern for others; is understanding 5 4 3 2 1
- H. has foresight, the ability to anticipate problems. 5 4 3 2 1
- I. is capable of independent thinking; is able to reach independent conclusions (even unconventional ones). 5 4 3 2 1
- J. is imaginative, creative, has originality. 5 4 3 2 1
- K. is able to communicate well in every day activities. 5 4 3 2 1
- L. is a person of integrity; is highly principled; is honest. 5 4 3 2 1
- M. is able to learn from others; is charitable towards mistakes and failures of others; is adaptable to all sorts of people. 5 4 3 2 1
- N. is motivated toward a career in health primarily by idealism, compassion, and the desire to serve others. 5 4 3 2 1
- O. is aware of their own limitations and tolerant of the opinions and lifestyles of others. 5 4 3 2 1
- P. has a warm, outgoing, friendly personality; is cheerful, optimistic; has a sense of humor. 5 4 3 2 1

In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to the study and preparation the indicated professional career (Program)?..... 5 4 3 2 1

Please feel free to attach additional comments and/or a brief appraisal of the applicant's academic standing, personal qualities and potential as a candidate for the CDS SHarP Scholars Program.

Signature _____

Date _____

Mail this form and all additional supporting materials to:

Mail: SHarP Scholars Admissions
 Clinical & Diagnostic Sciences Department
 University of Missouri
 605 Lewis Hall
 Columbia, MO 65211

E-Mail: KoehnA@health.missouri.edu

Fax: (573) 884-1490