Harpur College Summer Physician Mentor Program  
Faculty Reference Form  

Student’s Name (Please print): ________________________________

Under the provisions of the Family Education Rights and Privacy Act of 1974, I permanently waive my rights to review this evaluation.

Student’s Signature: ________________________________ Date: _____________

Dear Recommender,
The student mentioned above is applying to participate in the Harpur College Summer Physician Mentor Program and has asked you supply the information requested below as thoroughly as possible. Your efforts are greatly appreciated. Thank you for your assistance. If you have any questions, please contact Michelle Jones mdjones@binghamton.edu or Rachael Perry rperry@binghamton.edu via email or phone 607-777-6305.

1. How long have you known this student and in what capacity?

2. How well do you think this student would perform in a mentoring program where he or she would have a one-on-one relationship with a physician and would shadow that practitioner on a regular basis?
   - Excellent
   - Good
   - Average
   - Below Average
   - Unable to evaluate

3. Academic and Professional Ratings: To the best of your ability, please rate the student in each category.

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<tr>
<th>Category</th>
<th>Excellent</th>
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4. Please provide additional comments you feel would allow the Harpur College Summer Physician Mentor Program Selection Committee to evaluate the student. Please feel free to attach a letter of support to this reference form.

Overall Recommendation: Highly-Recommend  Recommend  Do not recommend

Reference Name and title (Please print): ________________________________

Email and phone number: ________________________________________________

Reference Signature: ________________________________ Date: _____________

Please return this form in a sealed envelope with a signature over the seal to Harpur Academic Advising c/o Rachael Perry, Old Champlain, first floor. Letters are due no later than 4:00pm on Friday, February 19, 2016.
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