

# LETTER OF RECOMMENDATION 2008



SEATTLE  
MIDWIFERY  
SCHOOL

EDUCATION  
ADVOCACY  
EMPOWERMENT

## TO THE APPLICANT

Complete the relevant questions below and give this form to each reference.

Legal name \_\_\_\_\_  
Last/Family First Middle (complete)

Former name \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street Apartment #

City or Town State/Province Zip/Postal Code Country

**IMPORTANT PRIVACY NOTICE:** Under the terms of the Family Education Rights and Privacy Act (FERPA) you WILL have access to your recommendation after you matriculate.

I authorize all secondary schools I've attended to release all requested records and authorize review of my application for the process indicated on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO THE REFERENCE

Please return your completed recommendation to Seattle Midwifery School. Complete both sides of this form and submit your recommendation promptly and please remember to sign this form!

Please mail form to SMS, Attn: Admissions, 4000 NE 41st St, Bldg. D, Ste. 3, Seattle WA 98105.

Your name : \_\_\_\_\_ Your title: \_\_\_\_\_

Your phone: ( ) \_\_\_\_\_ Your e-mail: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

If you are the applicant's professor, provide:

Name of college/university: \_\_\_\_\_

School address: \_\_\_\_\_  
Number and Street City or Town State/Province Zip/Postal Code Country

Applicants who are accepted into the program will have access to this recommendation unless you choose not to release this information.

This recommendation may be released to the student (check one): NO  YES

Reference Signature \_\_\_\_\_

Date \_\_\_\_\_

## BACKGROUND INFORMATION

How long have you known this applicant and in what context?

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What are the first words that comes to your mind to describe this applicant?

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List courses that you have taught this applicant (if applicable).

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## RATINGS

Rate this student as compared to others of his or her class year by checking the appropriate box:

No info		Below Average	Average	Good	Very Good	Top 10%	Top 5%
	Ability to cope with stress						
	Commitment						
	Follow-through						
	Self-direction						
	Problem-solving skills						
	Ability to work in a group						
	Tolerance of different values						
	Flexibility						
	Compassion						
	Manage complex responsibilities						
	Initiative						
	Awareness of personal limits						
	Academic skills						

## EVALUATION

Please attach a letter describing the important skills and qualities of this applicant, including academic and personal characteristics. The more individualized your letter, the better understanding we will have of what makes this applicant stand out from others.