



FACULTY CONFIDENTIAL REFERENCE FORM For International Medical Rotation Program

Name of Applicant (last, first, middle): _____

Date: _____

Applying for the following program:

Applicant's Address:

TO THE APPLICANT

Fill in the above and give to a faculty member in the department or college of your major. You should provide a stamped addressed envelope for the person filing this reference. Address envelope to: Hospitals of Hope International, 3545 N Santa Fe, Wichita, KS 67219

TO THE FACULTY REFERENCE

The above named applicant is asking you to furnish a reference. Hospitals of Hope International, offers structured International Medical Rotations for students pursuing training in medical professions (ex. physicians assistants, medical doctors, nurses, dentists, etc.) at our clinic in Bolivia. Hospitals of Hope is an International Christian Mission organization. Thank you for your time and consideration in filling out this reference for the student.

1. How long have you known the applicant?
2. How well do you know the applicant? very well____ well____ casually____
3. What is your opinion regarding the aptitude of the applicant for independent academic work? negative____ hesitant____ moderate____ confident____
4. Your opinion of the applicant's level of social adjustability? negative____ hesitant____ moderate____ enthusiastic____ no knowledge____
5. Do you feel the applicant has leadership ability? Describe briefly
6. What is the applicant's current G.P.A.?
7. Does the applicant have a good self image? Describe briefly
8. How successful has the applicant been in school?

9. What are the applicant's strong points?

10. Will the applicant be able to function under constituted authority?

11. Further comments you may have regarding the applicant:

12. I recommend_____ I do not recommend_____ I recommend with this reservation_____ this student.

Name_____

Address_____ City_____ State_____ Zip_____

Signature:_____

Title:_____

Date:_____ Phone:_____