Clarkson University

Department of Physician Assistant Studies

Reference Letter

This form must be accompanied with a letter. **The letter must be sealed in an envelope with your signature across the envelope's seal**. Emailed letters or faxed letters will not be considered.

Applicant Name

Reference Name

Occupation

Address

Email Address

How long have you known the applicant? Years Months

	Superior 5	Excellent 4	Good 3	Average 2	Below Average 1	Not Observed
Intellectual Ability						
Written Communication Skills						
Oral Communication Skills						
Emotional Maturity						
Adaptability						
Team Skills						
Dependability						
Conflict Resolution						
Interpersonal Skills						
Awareness of Limitations						
Reaction to Criticism						
Patient Interaction						
OVERALL Evaluation						

Summary Evaluation:

____ Recommend without reservation

____ Recommend

____ Recommend with reservation