REFERENCES
Three references are required as part of the application to the Master of Medical Science Program. You must use the two-page forms provided.

APPLICANT

(1) Complete each of the three reference forms by following the directions on each.

(2) When you print out this application document, submit one two-page reference form and a return envelope to each of your three references.
APPLICANT

(1) Complete this page above the triple line.

(2) Enter your full name: ___________________________________________

(3) Enter your reference’s name: ___________________________________________

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_________________________________________ ____-____-________
SIGNATURE   DATE

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EVALUATOR
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(1) Please enter contact information for yourself:

____________________________________________________________________________
NAME   DEGREE   TITLE
INSTITUTION OR BUSINESS   POSITION
ADDRESS
(___)  _____  __________
TELEPHONE

(2) How long have you known the applicant? _________________________________________

(3) In what capacity have you known the applicant? _________________________________________
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- [ ] Recommend without reservation
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(7) Please check the following box if you are providing a letter of recommendation for this person: [ ]

(8) Please date and sign this recommendation form.

______________________________
SIGNATURE

__________
DATE

(9) Please return this form to
Master of Medical Science Program
Department of Anesthesiology
Emory University School of Medicine
57 Executive Park South, Suite 300
Atlanta, Georgia  30329
REFERENCE FORM

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