



**Genetic Counseling Training Program
Recommendation Form**

Applicant Name: _____

1. How long have you known the applicant? _____

In what capacity? _____

2. Please rate the applicant in the following areas:

	Exceptional	Outstanding	Above Average	Average	Below Average	Unable to Assess
Potential to succeed in a graduate program						
Self-motivation and initiative						
Ability to work with others as a team						
Self-awareness						
Level of maturity						
Reliability and dependability						
Interpersonal skills						
Intellectual ability						
Oral communication skills						
Written communication skills						

3. Please provide additional comments and/or attach a letter addressing this applicant's particular strengths and weaknesses as they relate to graduate work and/or the field of genetic counseling.

4. Overall Recommendation:

- Highly Recommend Recommend Recommend with reservation Do not recommend

Signature

Date

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____

Email: _____

Please print and sign the completed form and either:

Scan and email to: gcprogram@emory.edu

or

Mail to: Genetic Counseling Training Program
Emory University School of Medicine
Mail stop: 1370-003-1AE
1462 Clifton Road, Suite 310
Atlanta, GA 30322