



Health Careers Partnership Program (HCPP) Recommendation Form

Student's Name: _____

School: _____ I give

my permission for this reference to remain confidential between the Western Michigan University Homer Stryker, M.D. School of Medicine HCPP program staff and the recommender.

Applicant's Signature: _____ Date: _____

RECOMMENDER:

The student named above is applying to the Health Careers Partnership Program (HCPP). HCPP provides Kalamazoo Promise students who have completed the Early Introduction to Health Careers (EIH) program, who are entering into undergraduate studies at WMU, K- College and/or Kalamazoo Valley Community College. The program will enhance their skills for preparation for next level education and keep them in the health careers pathway (pipeline). The objective of this program is to provide an opportunity to students from socioeconomic and educationally disadvantaged backgrounds as well as students from communities underrepresented in medicine.

Recommender Name: _____

Title: _____

School: _____

Signature: _____ Date: _____

Email: _____ Telephone: _____

Attributes	Poor	Average	Above Average	Superior
Time on Task				
Self Confidence/Poise				
People Skills				
Attitude				
Academic Ability				
Leadership Skills				
	Rarely	Sometimes	Frequently	Always
Punctual				
Fulfills Commitments				
Shows Responsibility				
Shows Initiative				
Demonstrates Maturity				

