



**WESTERN UNIVERSITY OF HEALTH SCIENCES**  
**COLLEGE OF PODIATRIC MEDICINE**

**DPM Reference Form**

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**FOR COMPLETION BY APPLICANT:**

Please complete the applicant information requested below before delivering this form to the individual you have selected as a reference. The individual you have chosen for our reference is to complete the remaining information, place the completed form in a sealed envelope, and then sign the outside of the envelope over the seal. They can mail the letter directly to us or return it to you to send to us (just don't open the letter).

Date of Birth: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Last First Middle*

**WAIVER STATEMENT**

The waiver statement should be signed only if you waive the right, granted you by the Family Education Rights and Privacy Act of 1974, to read this reference.

I hereby freely and voluntarily waive my rights of access to any information contained on this reference form and agree that the statement shall remain confidential.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COMPLETION BY REFERENCE WRITER:**

Please return this completed reference form in a sealed envelope with your signature across the seal. You can mail the form directly to WesternU or give the applicant the sealed envelope to return to us. If the applicant has waived his/her right of access to this material (waiver statement), it remains a confidential communication between you and WesternU. Thank you for your cooperation.

1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_  
*Date Date*

2. Relationship to applicant (check all appropriate boxes)

- ☐ Doctor of Podiatric Medicine   ☐ Pre-Health Professions Committee   ☐ College Course Instructor  
☐ Other, please specify: \_\_\_\_\_

3. Please evaluate the applicant in terms of the following characteristics by checking the appropriate boxes. Your evaluation should be based on observed performance.

	0-Insufficient Knowledge	1-Poor	2-Average	3-Good	4-Excellent
Motivation for Podiatric Medical career					
Initiative & Decision Making					
Judgment & Critical Thinking					
Rapport with peer group/co-workers					
Oral Communication					
Creativity					
Writing Skills					
Leadership Skills					
Adaptability					
Competence in the classroom and lab activities					
Resourcefulness					

The Admissions Committee values your insight regarding this candidate to the College of Podiatric Medicine at Western University of Health Sciences. To assist the committee in obtaining a clear picture and more complete profile on this candidate, we would appreciate it if you would provide any written details as deemed appropriate. We encourage you to attach a separate letter

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**RECOMMENDATION:**

☐ Do not recommend   ☐ Recommend with reservation   ☐ Recommended   ☐ Highly recommend

We appreciate your effort to assist the college in our selection process and for the time that you have invested in our process. If you have any questions or concerns, feel free to contact us at your convenience at (909) 469-5335.

*Please Print Clearly*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form to:** Western University of Health Sciences  
Attention: DPM Admissions  
309 E. Second Street, Pomona, CA 91766