**Pre-Select Option – Candidate Recommendation Form**

*This portion is to be completed by the applicant*

Name of applicant (First Middle Last):

Email Address:

Actual or Expected Date of Undergraduate Graduation:

*NOTE: This form is to be completed by someone who is acquainted with your professional experience and/or academic performance, excluding relatives.*

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

[ ]  I waive my right to examine this form.

[ ]  I do not waive my right to examine this form.

I acknowledge that checking this box electronically serves the same purpose as affixing my original signature to this document:

 [ ]

*Date*

*Student ID*

*Student Name as Signature*

* ***You will need***
* ***Three recommendations****:*
	+ *At least one from a volunteer or work supervisor*
	+ *At least one from a Nutrition and Dietetics faculty member*

*Forward this document (with the above portion completed by the applicant) to your reference. Your reference will email the completed form directly to GradPrograms@messiah.edu.*

*This portion is to be completed by the reference*

Reference’s Name:       Position:

Phone:       Place of Employment:

Email Address:       Date Completed:

How long have you known the applicant?

Relationship to the applicant:

How well do you know the applicant? [ ]  Very Well [ ]  Well [ ]  Casually [ ]  Not very well

Upon completion, please email this form and any attachments you may have to GradPrograms@messiah.edu.

Please rate the applicant on the qualities you feel you can judge on the grid below.

Indicate your perception of the student’s readiness to function in a dietetic internship program at this time by placing an “x” in the appropriate box.

| **Rated Qualities** | **Outstanding** | **More than Satisfactory** | **Satisfactory** | **Needs Improvement** | **Unsatisfactory** | **Not Observed** |
| --- | --- | --- | --- | --- | --- | --- |
| **NUTRITION CONTENT KNOWLEDGE** |
| Nutrition Content  |  |  |  |  |  |  |
| Medical Nutrition Therapy |  |  |  |  |  |  |
| Foodservice Management |  |  |  |  |  |  |
| Analytical Skills / Problem Solving |  |  |  |  |  |  |
| Conceptual Skills |  |  |  |  |  |  |
| **COMMUNICATION SKILLS** |
| Oral  |  |  |  |  |  |  |
| Written  |  |  |  |  |  |  |
| **INTERPERSONAL SKILLS** |
| Peers / Co-workers |  |  |  |  |  |  |
| Teachers / Supervisors |  |  |  |  |  |  |
| Leadership Potential |  |  |  |  |  |  |
| Initiative / Motivation |  |  |  |  |  |  |
| Punctuality |  |  |  |  |  |  |
| Adaptability |  |  |  |  |  |  |
| Reaction to Stress |  |  |  |  |  |  |
| Perseverance |  |  |  |  |  |  |
| Creativity |  |  |  |  |  |  |
| Organizational Skills |  |  |  |  |  |  |
| Works Independently |  |  |  |  |  |  |
| Responsibility / Maturity |  |  |  |  |  |  |
| Overall Potential as a Dietitian |  |  |  |  |  |  |

Please indicate your overall recommendation of this applicant for admission to the Dietetic Internship.

Summary Evaluation: [ ]  Outstanding Recommendation

 [ ]  Highly Recommended

 [ ]  Satisfactory Recommendation

 [ ]  Recommend with Reservations (describe below)\*

 [ ]  Do Not Recommend (describe below)\*

Use this section to amplify or add to characteristics rated on page two. Indicate applicant’s strengths, and those qualities that require further development. (You may attach a separate sheet or letter).

Applicant’s Strengths:

Qualities that Require Further Development:

\* Reason(s) for Recommended with Reservations / Do Not Recommend:

I acknowledge that checking this box electronically serves the same purpose as affixing my original signature to this document:

[ ]

*Date*

*Reference Name as Signature*

Upon completion, please email this form and any attachments you may have to GradPrograms@messiah.edu.

Thank you for your time and attention for this applicant.