
NAME: _____
(LAST or FAMILY) (FIRST) (MIDDLE)

The Master of Health Science in Clinical Leadership Program would appreciate a candid statement from you concerning the applicant named above. Please use the space below (or an attached letter if you prefer) to comment on the applicant's administrative experience, accomplishments, abilities, character and capacity for success as a degree candidate in this program. It would be helpful for us to know how long, and in what connection, you have known the applicant.

Recommend Enthusiastically _____ Signature _____ Date _____
Recommend With Confidence _____ Name(Print) _____
Recommend _____ Title _____
Recommend With Reservation _____ Institution _____
Not Recommended _____ Address _____

Please mail your evaluation directly to: **Clinical Leadership Program**
Department of Community and Family Medicine
Box 2914
Duke University Medical Center
Durham, NC 27710