Waiver of Right of Access to Confidential Statements
Title 45, C.F.R. Part 99 (to be completed by the applicant)

I hereby waive my right of access to any and all confidential recommendations respecting my (1) admission to any educational agency or institution, (2) application for employment and (3) receipt of any honor or honorary recognition, which are part of my education records at Xavier University and/or at the University of Cincinnati.

I understand that, upon request, I will be notified of the names of all persons making confidential recommendations, and that such recommendation will be used solely for the purpose of which they were specifically intended.

I further understand that this waiver may not be required for admission to, receipt of financial aid from or receipt of any other services or benefits from Xavier University and/or the University of Cincinnati.

Signature of applicant ___________________________________________ Date ________________

Witness ___________________________________________ Date ________________

Applicant’s name __________________________________________

Last ___________ First ___________ Middle ___________

Please state the nature, duration and extent of your association with the applicant.

A. _____ Classroom: Lecture____ Lab _____
   Course Title(s) and Number(s) ____________________________________________________________

B. _____ Academic Advising

C. _____ Employment (explain) _____________________________________________________________

D. _____ Other (explain) _________________________________________________________________

Please appraise the applicant in terms of the characteristics below, using the following scale:

5 – Excellent/Outstanding  4 – Above Average  3 – Average  2 – Below Average  1 – Poor  0 – Insufficient knowledge

_____ Cooperation (ability to work with others)

_____ Initiative (independent, self-starter, resourcefulness, needs little or no supervision)

_____ Judgment (common sense, able to accept suggestions, decisiveness)

_____ Intellectual Ability

_____ Intellectual Curiosity

_____ Competence in the Classroom

_____ Competence in the Laboratory

_____ Emotional Stability (performs well under pressure, adjusts to situations, level-headed)

_____ Maturity
Please continue to appraise the applicant in terms of the characteristics below, using the following scale:

5 – Excellent/Outstanding  4 – Above Average  3 – Average  2 – Below Average  1 – Poor  0 – Insufficient knowledge

_____ Industry (endurance, works hard, perseverance, reliability, promptness)
_____ Written Communication (clear, concise)
_____ Oral Communication (articulates position well, clarity)
_____ Personal Appearance (appropriate for whatever occasion arises, neatness)
_____ Openness (shares his or her feelings, seeks advice of others)
_____ Self-understanding (knows strengths, knows and works on weaknesses)
_____ Integrity (practices high principles without evoking moral antagonism; morally consistent)

Please explain any 5, 2 or 1 rating(s) above and comment on any characteristic(s) you believe require(s) elaboration.

Please note any further information that would be helpful in evaluating this applicant.

Overall evaluation of the applicant:

_____ Outstanding/Highest Recommendation  _____ Recommend with Reservation
_____ Highly Recommend  _____ Do Not Recommend
_____ Recommend

Signature ___________________________________________ Date ____________________

Name and Title (please print) __________________________________________________________

Department/Institution ___________________________________________________________________

Address ___________________________________________ Street ___________________________ City ___________________________ State and Zip Code ___________________________

Area code and telephone number _______________________________________________________

Please return to:

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XU/UCCOM Pre-Medical Scholars Shadowing Program
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