Post-Baccalaureate Health Professions Program Recommendation Form
University of Colorado Boulder
178 UCB
1505 University Avenue
Boulder, CO 80309-0178


Applicant Information:

Applicant Name

Applicant Address

Applicant: If you waive your right to see this report once it is written, please sign and date above.

Briefly describe how you know the recommender:

Recommender Information:

Thank you for your time to write a thoughtful evaluation of the applicant.

Please comment on the applicant’s work, potential for success, accomplishments, and abilities. We are especially interested in your evaluation of the applicant’s character and passion for this program and a graduate program in the health sciences. Any anecdotal information that confirms the applicant’s clinical experience is valuable. Please share any other information that will help us make an appropriate admissions decision. We appreciate your timely submission of your recommendation.

Include in your recommendation the length of time you have known the applicant, in what capacity, and your name, mailing address, and email address.

Please submit your recommendation to:
Post-Baccalaureate Program Admissions
University of Colorado Boulder
178 UCB Boulder, CO 80309-0178
OR via email to: postbacmd@colorado.edu