

## TEACHER REFERENCE FORM

**TO THE APPLICANT:** Please fill in the information below and give this form to each of the teachers you want to submit a reference on your behalf. The Committee on Admissions finds references from teachers of Mathematics, Biology, Chemistry, and/or Physics most useful.

NAME OF APPLICANT: \_\_\_\_\_

WCM-Q APPLICANT ID #: \_\_\_\_\_

TELEPHONE (with country code): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Applicants who are admitted and enroll at Weill Cornell Medicine-Qatar (WCM-Q) have the right, under the Family Educational Rights and Privacy Act of 1974 (FERPA), to see written evaluations submitted on their behalf, unless they have waived that right. Please indicate your choice below by checking the corresponding box and signing below. Your choice will not be a factor in considering your application.

Please check one of the options below:

\_\_\_\_\_ I waive my right to see this letter.

\_\_\_\_\_ I do **NOT** waive my right to see this letter.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**TO THE TEACHER:** Please fill out all of the sections on the following pages and return the entire Teacher Reference Form to the address indicated on the last page. We appreciate your time and effort in filling out this evaluation, as your reference is critical in our assessment of the suitability of this applicant for admission to our program.

FULL NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE (with country code): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SUBJECT YOU TEACH: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
WCM-Q APPLICANT ID #: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

ADDRESS OF SCHOOL

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

### **RATING**

Compared to all other university-bound students whom you have known, how do you rate this applicant in terms of the following?

Trait or Attribute	Top 5%	Top 15%	Top 25%	Upper Half	Lower Half	No Basis For Rating
Academic Achievement						
Joy in Learning						
Respect for Teachers						
Honesty and Integrity						
Leadership						
Respect from Peers						
Sociability						
Cross-Cultural Adaptability						
Emotional Maturity						
Self-Confidence						



NAME OF APPLICANT: \_\_\_\_\_

WCM-Q APPLICANT ID #: \_\_\_\_\_

## COMMENTS

Please answer the following four questions to the best of your knowledge. Your evaluation of the character and ability of this applicant is critical in our assessment of the applicant.

1. How long have you known this applicant and in what context?

2. What are the first words that come into your mind when describing this applicant?

3. Please list the subjects in which you have instructed this applicant noting for each course the student's year in school (10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> grade) and the level of course difficulty (i.e. A-level, AS-level, AP, Accelerated, Honors, IBH, elective).

NAME OF APPLICANT: \_\_\_\_\_  
WCM-Q APPLICANT ID #: \_\_\_\_\_

4. Please write a narrative that expands upon the reasons behind the ratings you have assigned to this student. You may attach a separate letter with this reference form and indicate that accordingly in the space below.

You should focus on what distinguishes this applicant from others you teach, especially those academic and personal characteristics that may have a direct impact upon her/his success in the Six-Year Medical Program and in a career in Medicine. We are particularly interested in this candidate's intellectual promise and leadership potential. You may wish to present evidence you have seen of her/his maturity, integrity, and independence. This may include references to her/his motivation, initiative, and enthusiasm.

**SIGNATURE OF REFERENCE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PLEASE SEND THIS ENTIRE TEACHER REFERENCE FORM IN A **SCHOOL SEALED ENVELOPE** TO:

OFFICE OF ADMISSIONS  
WEILL CORNELL MEDICINE-QATAR  
AI-LUQTA STREET, P.O. BOX 24811,  
QATAR FOUNDATION – EDUCATION CITY  
DOHA, QATAR  
TELEPHONE: +974-4492-8500  
E-MAIL: ADMISSIONS@QATAR-MED.CORNELL.EDU

