



Methodist Advancement into Professional Practice (MAPP) Faculty Recommendation Form

_____ from _____ is applying for the
 (Insert Student Name) (University)

Houston Methodist Hospital's MAPP Program. Applications must include two recommendations from faculty and clinical instructors. Please complete this recommendation form so your student may be considered for placement in this program.

Please rate the student on the following criteria:

1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree

It is my opinion that this student

Is an independent adult learner	1	2	3	4
Is self-motivated	1	2	3	4
Is reliable	1	2	3	4
Knows when to ask for assistance	1	2	3	4
Has a strong work ethic	1	2	3	4
Is a good candidate for this program	1	2	3	4
Is in fine academic standing in my class currently	1	2	3	4

Please provide a short statement as to why this student should be selected:

Instructor Name: _____ Date: _____

Instructor Signature: _____

****No Web signatures****

****This form must be submitted within the MAPP application.** Emailed recommendation letters will not be accepted.