

**International Institute of Minnesota
Medical Career Advancement
Recommendation Form**

Medical Career Advancement at the International Institute of Minnesota provides counseling and tuition assistance to students furthering their education in a medical career. The completion of the information below will be used in the selection process of candidates for this program.

Applicant Name _____ Place of Employment _____
Person completing form: Name: _____ Position: _____ Phone Number: _____ How long have you worked with applicant: _____

How would you rate the applicant on the following?

	Low	Average	High	No Opinion
Maturity				
Sensitivity to people				
Commitment to caring for people				
Eagerness to learn				
Ability to communicate				
Leadership skills				

Describe briefly why you believe this applicant would be a worthy recipient of assistance from the International Institute of Minnesota:

Signature: _____ Date: _____

Please return this form to **Attn: Fathi Ahmed**, Medical Career Advancement, International Institute of MN, 1694 Como Avenue, St. Paul, MN 55108. Fax 651-647-9268 or Scan & email to fahmed@iimn.org