



Recommendation Form:
 UCLA Health/UCLA Extension Medical Assistant Program

Name of Applicant:

First Name:

Last Name:

Recommender Name and Contact Information:

First Name:

Last Name:

Your e-mail address:

Your Phone Number:

To the Recommender:

The applicant is applying for participation in a Medical Assistant Program at UCLA. We are excited to offer opportunities including a scholarship to motivated applicants to pursue education necessary to enter a career as a medical assistant.

Link to MA School Web Site: <https://www.uclaextension.edu/health-care-counseling/health-care-counseling-general/certificate/ucla-health-medical-assistant>.

How long have you know the applicant:

Describe your relationship with the applicant:

Please rate the applicant	Exceptional (Top 5%)	Very Good (Top 10%)	Good (Top 10%)	Average (Top 50%)	Below Average (Lower 50%)	Unable to assess
Professionalism						
Interpersonal skills						
Problem Solving/Adaptability						
Personal Value/Commitment						

Additional comments: