The University of Georgia College of Veterinary Medicine

VetCAMP 2017
Teacher/Counselor Recommendation Form
(Please type or print)

Student: __________________________________________

Recommendation completed by: __________________________________________

Title: _____________________________________ School: _____________________________________

Please rate the student on each of the following areas of personal competence:
(Just check the appropriate box)

Grasps Fundamental ideas/concepts
- Above Average □ Average □ Below Average □ N/A □

Completes assignments on time
- Above Average □ Average □ Below Average □ N/A □

Accepts constructive criticism
- Above Average □ Average □ Below Average □ N/A □

Assumes responsibility
- Above Average □ Average □ Below Average □ N/A □

Motivated to achieve
- Above Average □ Average □ Below Average □ N/A □

Has good work habits; is disciplined
- Above Average □ Average □ Below Average □ N/A □

Has positive sense of self
- Above Average □ Average □ Below Average □ N/A □

Shows potential for advanced study
- Above Average □ Average □ Below Average □ N/A □

Has a strong foundation in basic skills
- Above Average □ Average □ Below Average □ N/A □

Has ability to work in groups
- Above Average □ Average □ Below Average □ N/A □

Has ability to work alone
- Above Average □ Average □ Below Average □ N/A □

Gets along well with others
- Above Average □ Average □ Below Average □ N/A □

Receptive to new ideas
- Above Average □ Average □ Below Average □ N/A □

What do you see as the student’s area of strength?
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Why do you think this student wants to become a veterinarian?
_____________________________________________________________________________________________________

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Please check one:
I Highly Recommend □ Recommend □ Recommend with reservation □ Do not recommend □
that this student attends the University of Georgia College of Veterinary Medicine VetCAMP.

Additional Comments:
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_____________________________________________________________________________________________________

Signature: __________________________________________ Date: ______________________

Please return to student to include in registration packet in a sealed envelope.