

## SENECA PARK ZOO AAB PRE-VET FELLOWSHIP RECOMENDATION FORM

To be completed by applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Release of access to this letter: The applicant must complete and sign the following statement before submitting this form to the evaluator. This request is in compliance with Federal Law P.L. 93-380 (Family Education Rights and Privacy Act of 1974).

**Check and sign one:**

I waive my right to access this letter of evaluation.

I do not waive my right of access to this letter of evaluation.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

The applicant stated above intends to apply to a funded, five-week pre-veterinary fellowship offered at the Seneca Park Zoo. The objective of the fellowship is to familiarize an academically qualified and experienced pre-veterinary college student with exotic animal medicine and conservation programming. Please complete the evaluation, seal it in an envelope with your signature on the seal and return it to the applicant for submission by the second Friday in January (January, 8 2010).

1. In what capacity have you known the applicant? \_\_\_\_\_

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2. Roughly, how many hours has the applicant worked or volunteered in your practice? \_\_\_\_\_

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3. What animal species do you see in your practice? \_\_\_\_\_

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On the chart below , check each numbered item at the appropriate point on the competence scale which best indicates your rating of the concerned characteristic:

	Excellent	Satisfactory	Unsatisfactory	Not Observed
Initiative				
Promptness				
Communication				
Dependability				

Check your over all rating for this applicant:

Highly Recommend

Recommend

Recommend with Reservation

Not Recommend

You may use the space below to indicate any particular observations bearing upon this applicant's character and academic promise to the pre-veterinary fellowship:

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Name of Evaluator: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Name & Address & Phone Number:

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