

Seneca Park Zoo Aab Pre-Vet Fellowship Recommendation Form

To be completed by applicant:

Name: _____

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.

Applicant Signature: _____ Date: _____

To be completed by the evaluator: The applicant stated above intends to apply to a funded, eight-week pre-veterinary fellowship at Seneca Park Zoo. The objective of the fellowship is to familiarize an academically qualified and experienced pre-veterinary college student with zoo animal medicine and welfare and conservation programs.

Please complete the evaluation and submit as a pdf electronically to aabprevet@senecazoo.org by **5pm EST on the second Friday of January**. If you cannot submit an electronic version, please mail to Dr. Louis Divincenti, Seneca Park Zoo, 2222 St. Paul Street, Rochester, NY 14621 for receipt by the second Friday of January.

Name and Title: _____

Practice Name, Address, and Phone Number: _____

1. In what capacity have you known the applicant? _____

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

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

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

	Excellent	Satisfactory	Unsatisfactory	Not Observed
Initiative				
Promptness				
Communication				
Dependability / Trustworthiness				
Maturity				

Check your overall rating for this applicant:

- ____ Highly Recommend
____ Recommend
____ Recommend with Reservation
____ Not Recommend

Please use the space below to share personal observations of the applicant if you wish, or you may attach a separate recommendation letter.

Signature: _____

Date: _____