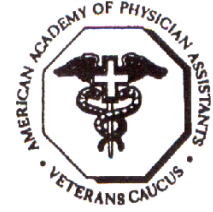


VETERANS CAUCUS, INC.

AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS



RECOMMENDATION FORM FROM PROGRAM DIRECTOR 2007

To be filled out by Program Director Only. Please fill out completely, use additional pages as needed. Upon completion, please scan and save as a .PDF document and E-mail to the following addresses; afentvet@comcast.net, and papajoedh@hotmail.com . Thank you for your participation and cooperation.

1. Student's Name, (First MI Last): _____

2. GPA – Students Scholastic Achievement (based on a scale of A=4; B=3; C=2; ect. For all course work attempted in the current professional program): _____

3. Students potential for future achievement: _____

4. Your Name: _____

5. Title: _____

6. Address: _____

7. E-Mail Address: _____

8. Phone Number: _____

Note: Applications will not be accepted after March 1st 2007