



Virginia Commonwealth University  
Center on Health Disparities

# RECOMMENDATION FORM

E-mail completed forms to:  
cohtraining@vcuhealth.org  
RE: Letter of Recommendation

**To the Applicant:** Recommendations should be requested from professors who are able to comment on your qualifications for biomedical research. They should not be requested from a non-academic person unless you have extensive work experience with that individual and/or you have been away from academic institutions for some time. Complete all sections, enter the deadline date located on page 2, and sign. Deliver this form and an envelope to the recommender.

## I. Applicant's Information

Name: \_\_\_\_\_  
Last or Family Name/Surname
First
Middle

Date of Birth: \_\_\_\_\_ Training Program(s) Sought: \_\_\_\_\_  
Month
Day
Year

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

E-Mail Address: \_\_\_\_\_

## II. Recommenders' Information

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

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

IMPORTANT: At Least one direct contact number must be supplied, for verification purposes

List the courses you have taken under the direction of this recommender:

| Course Number | Course Title | Dates | Grade |
|---------------|--------------|-------|-------|
|               |              |       |       |
|               |              |       |       |
|               |              |       |       |

In accordance with the Family Education Rights and Privacy Act of 1974, you can waive your right to inspect this recommendation by signing the statement below. Should you decide *not* to waive the right, you will have access to the recommendation only if you enroll in a research training program at VCU Center on Health Disparities.

*I hereby waive my right of access to this recommendation.* \_\_\_\_\_  
Signature of Applicant
Month Day Year

**To the Recommender:** The applicant above has applied for admission to a research training program at the VCU Center on Health Disparities. Please complete this **Reference Form as well as a separate letter written and signed on academic or business letterhead stationery.** If you have not had the applicant as a student, please adapt items 3-6 below, if applicable, and explain your knowledge and assessment of the applicant in your recommendation letter. Return both documents before the program application deadline of \_\_\_\_\_.

Month                  Day                  Year

1. What is your relationship with the applicant?      Teacher/Professor      Employer/Supervisor      Other: \_\_\_\_\_

2. Do you know the applicant well enough to give him/her a recommendation?       Yes       No  
(If you checked NO, you do not need to complete the rest of this form)

**3. SUMMARY EVALUATION**

Compare the applicant with a representative group of students with similar experience and training in biomedical research. How do you rate the applicant on general research and scholarly ability? (Check one)

- Outstanding (highest 5% - comparable to best students)
- Very good (Highest 10%)
- Good (Upper 25% ability easy to identify)
- Average (upper 50%)
- Below Average (lower 50%)

**4. RECOMMENDATION**

I would make the following recommendation for the applicant's admission to the research program listed on page 1:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

5. Some gifted individuals do not perform to their potential. Is the applicant's scholastic record, as you know it, an accurate index of his/her ability?

- Yes       No       Don't Know

(If you check NO, please explain why in your recommendation letter).

**6. RECOMMENDATION LETTER**

- Y Use only clearly identified, **official academic or business letterhead paper.** This letter must be signed by you.
- Y Include the applicant's name on each page of the letter.
- Y Attach your letter to this *Reference Form* and send so they arrive no later than the above stated deadline.
- Y Describe the applicant's qualifications for biomedical research. Please discuss topics such as:
  - Performance in independent study or in research groups
  - Intellectual independence
  - Capacity for analytical thinking
  - Ability to work with others
  - Ability to organize and express ideas clearly
  - Drive and motivation.

Recommender, please read and sign below:

I have read the recommender information on the front of this *Reference Form*, including the direct contact number, and have made any necessary corrections. **My preferred direct contact number is:**

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature: \_\_\_\_\_