

Student Applicant

First Name:

Pauley Heart Center 2026 AHA Undergraduate Research Fellowship

Last Name:

Recommendation Form

Deadline: 11:59 PM EST on January 19, 2026

The recommender should email the completed form from their own email address to pauley.undergradfellowship@vcuhealth.org. Please note that this form has two pages.

Before emailing the completed form, please change the file name of this document to include the applicant's LAST NAME and FIRST NAME followed by "2026PauleyAHAUndergradFellowshipRecForm." *Example: SmithJohn2026PauleyAHAUndergradFellowshipRecForm.pdf*

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Part 1.										
Recommender										
First Name:							Last Name:			
Email Address:							Phone:			
Affiliation:										
How long have you kno	wn the	e app	olican	t?						
In what capacity?										
Compared to his/her peopox):			T		,				1	
	Below		Average		Above		Exceptional		Unable to	
	average				Average				assess	
scientific curiosity										
motivation										
intellectual ability										
analytical ability										
verbal communication										
written communication										
work ethic										
maturity										
reliability										
ability to work			Γ							
independently		_	_			_		_		_
potential for a career in										
research			_							
overall										



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Part 2.
Choose several qualities in the above chart and elaborate on them. Please discuss the applicant's strengths and weaknesses, ideally with regard to their academic and/or research experience.