

Student Applicant First Name:

Part 1.

## **Recommendation Form**

Deadline: 11:59 PM EST on January 30, 2024

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 "2024PauleyAHAUndergradFellowshipRecForm." Example: SmithJohn2024PauleyAHAUndergradFellowshipRecForm.pdf

Last Name:

Recommender													
First Name:								Last Name:					
Email Address:								Phone:					
Affiliation:													
How long have you known the applicant?													
In what capacity?													
Compared to his/her peers, please rate the applicant on the qualities listed below (check only one box):													
	Below		Av	Average		Above		Exceptional		Unab	le to		
	average			Average				assess					
scientific curiosity													
motivation													
intellectual ability													
analytical ability													
verbal communication													
written communication													
work ethic													
maturity													
reliability													
ability to work													
independently										_	_		
potential for a career in										L			
research					1						_		
overall													



## Pauley Heart Center 2024 AHA Undergraduate Research Fellowship

Pauley Heart Center
Student Applicant

First Name:	Last Name:						
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.							