Last Name:



Student Applicant First Name:

Recommendation Form

Deadline: 11:59 PM EST on December 1, 2023

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 "2024PHCUndergradFellowshipRecForm." *Example: SmithJohn2023PHCUndergradFellowshipRecForm.pdf*

Part 1.										
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		Average		Ab	ove	Exce	ptional	Unable to	
	ave	erage		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										
research										_
overall					1					



Pauley Heart Center 2024 NIH R25 Undergraduate Research Fellowship

Student Applicant

Pauley Heart Center

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.							