

Student Applicant

overall

## **Recommendation Form**

Deadline: 11:59 PM EST on November 15, 2025

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 "2025PauleyNIHUndergradFellowshipRecForm." *Example: SmithJohn2024PauleyNIHUndergradFellowshipRecForm.pdf* 

First Name:			Last Name:			
D4 1						
Part 1.						
Recommender				T 3.T		
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	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 independently						
potential for a career in research						



## Pauley Heart Center 2025 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.					