VCU Health
Pauley Heart Center

Pauley Heart Center 2026 NIH R25

Undergraduate Research Fellowship

Recommendation Form

Deadline: 11:59 PM EST on November 14, 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 "2026PauleyNIHUndergradFellowshipRecForm."*Example: SmithJohn2026PauleyNIHUndergradFellowshipRecForm.pdf*

Student Applicant

First Name:	Last Name:

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	Average	Above Average	Exceptional	Unable to 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	☐	☐	☐	☐	☐

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.