



Marshall University Joan C. Edwards School of Medicine (MU JCESOM)
Office of Research and Graduate Education
Recommendation Form

► To be completed by the student applicant:

Please provide a copy of this form to three references who can comment on your interest, ability, potential, and readiness for your program of application ([select program below](#)) at the Marshall University Joan C. Edwards School of Medicine. Your references should not include relatives.

- _____ Biomedical Research Ph.D.
- _____ Biomedical Research M.S.
- _____ Biomedical Research M.S. – Area of Emphasis in Medical Sciences
- _____ Clinical and Translational Science, M.S.

Applicant's Name (please print): _____

Recommender's Name (please print): _____

Applicant Waiver:

I do

I do not

waive my right of access to this recommendation granted under the provisions of the Family Educational Rights & Privacy Act of 1974 (FERPA). The MU JCESOM may, therefore, consider it confidential.

(Applicant's signature)

(Date)

► **To be completed by the Referee:**

We are grateful for your assistance on behalf of this applicant. Please complete this form promptly, sign and date it, scan it, and e-mail it directly from your professional address to mubiomed@marshall.edu.

1. Applicant Name: _____

2. How long have you known the applicant? _____
In what specific capacity? _____

3. **Recommendation (check one):**

- I highly recommend this applicant.
 I recommend this applicant.
 I recommend this applicant, but with some reservation.
 I do not recommend this applicant.

4.

Characteristic	Outstanding (Top 5%)	Excellent (Top 10%)	Above Average (Upper 25%)	Average (Upper 50%)	Below Average (Lower 50%)	No Basis for Judgement/ Unknown
Creative, Original Thought						
Maturity						
Independence, Initiative						
Intellectual Ability						
Academic Achievement						
Communication Skills						
Disciplined Work Habits						
Motivation for Science						

5. What are the first words that come to your mind to describe this applicant?

6. What unique qualities, characteristics, strengths, and/or weaknesses does this applicant possess?

7. Additional comments are welcomed below or via a letter on official letterhead with your actual signature.

Signature of Reference: _____

Date: _____ Phone: _____ Email: _____

Print Name, Organization/Institution, and Title: _____

Mailing Address: _____