

## Recommendation Form

**Deadline: 11:59 PM EST on February 14, 2021**

**The recommender** should email the completed form from **their own email address** to [pauley.undergradfellowship@vcuhealth.org](mailto: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 "2021PHCUndergradFellowshipRecForm."**  
*Example: SmithJohn2021PHCUndergradFellowshipRecForm.pdf*

Student Applicant

First Name:	Last Name:
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**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
potential for a career in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Applicant

First Name:	Last Name:
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**Part 2.**

Choose several qualities in the above chart and elaborate on them. Please discuss the applicant's strengths and weaknesses.