



RECOMMENDATION FORM

TO THE APPLICANT:

Please complete the top portion of this recommendation form and then submit the form to two people who know you professionally. **At least one of the recommendations must be from a science instructor.** Have the recommender complete the bottom portion and attach a typed letter of recommendation answering the questions below. Have your recommender place this form and your letter of recommendation in an envelope, provide a signature over the seal, and return to you. You must include both letters of recommendation and the recommendation form with your completed application.

Name of Applicant: _____

Email Address: _____ Phone: _____

City/State/Zip: _____

Equity Research Track you are applying for: PhD MD Dentistry

TO THE RECOMMENDER:

The person whose name appears above is applying for the Equity Summer Research Program at Oregon Health and Science University. More information about the Equity Program can be found here:

www.ohsu.edu/diversity.

Please:

- 1) Complete the bottom portion of this form and address the following questions on a separate, typed letter;
- 2) Put the completed form in an envelope, seal it, and then sign your name across the seal;
- 3) Return the recommendation form to the applicant so that he/she can include it with their completed application packet. Completed applications must be submitted **by 4:00pm, Friday, March 22, 2013.**

Name of Recommender: _____

Position/Title: _____ Agency or Institution: _____

Email: _____ Phone: _____

1. How long have you know the applicant and in what capacity?
2. What characteristics do you consider to be talents and strengths of the applicant?
3. Please comment on the applicant's academic achievement, science skills, and/or potential to be successful working in a laboratory doing basic science research.
4. Please address any additional information about the applicant that will help make a determination of eligibility to the Equity Summer Research Program: