

Letter of Recommendation



**College of Graduate Studies
Weiskotten Hall
SUNY Upstate Medical University
750 East Adams Street
Syracuse, NY 13210**

Applicant's Name _____
Last First Middle

Address _____
Street/ Apartment Number (Do not use P.O.Box)

_____ City State Zip Code

Telephone Number (_____) _____
Area Code

To the Respondent:

Your comments are crucial to our evaluation. Please use this form to provide your evaluation of the applicant and mail it to **SUNY Upstate Medical University, College of Graduate Studies, Weiskotten Hall, Room 1162, 750 East Adams Street, Syracuse, New York 13210**. Please use additional pages with the applicant's name in the upper right corner, if needed.

Under the Privacy Act of 1974, applicants may have access to personal information contained in their records, including this reference report. Otherwise, access to this report will be limited to the Admissions Committee of SUNY Upstate Medical University College of Graduate Studies.

Typed Name of Respondent _____ Title _____

Department _____ Telephone Number (_____) _____
Area Code

Institution _____

Institution Address _____
Street City State Zip Code

Respondent E-mail Address _____

Dates of Association with Applicant _____ Capacity at that Time _____
(Teacher, Advisor, Supervisor, or Other)

Rate the applicant on the given items using a score of one to five, basing such ratings on the degree of accomplishment usually expected of individuals at this level:

1 Outstanding	_____	Originality	_____	Scientific background	_____	Ability to relate to others
2 Above Average	_____		_____		_____	
3 Average	_____		_____		_____	
4 Below Average	_____	Accuracy	_____	Ability to exchange ideas		
5 Poor	_____		_____			
X Insufficient	_____	Research ability	_____	Perseverance in goals		
Knowledge to Rate	_____					

Please use the reverse side of this form or additional pages for comments.

Letter of Recommendation

Applicant's Name _____
Last First Middle

**What is your judgment of this applicant's potential for a career in research?
How does he or she compare with others at the same stage?**

We wish to emphasize the importance of your comments in the overall evaluation.

Signature of Respondent _____ Date _____

Please return this form to: **College of Graduate Studies
Weiskotten Hall
SUNY Upstate Medical University
750 East Adams Street
Syracuse, NY 13210**