



SECTION VI: APPLICANT’S QUALIFICATIONS- TO BE COMPLETED BY RECOMMENDERS ONLY

Instructions for Letters of Recommendation

The below named applicant has suggested that you can assist us in assessing his/ her qualifications for study at the Georgetown-Howard Universities Center for Clinical and Translational Science (GHUCCTS). We desire to obtain your candid opinion of the candidate’s intellectual and personal capabilities. Howard University is in compliance with Section 504 of the Rehabilitation Act of 1973 and does not discriminate on the basis of handicap in admission or access to its programs. You are asked not to refer directly or indirectly to an applicant’s handicap. Email recommendations to Lan T. Le at ltl5@georgetown.edu.

RATE THE APPLICANTS QUALIFICATIONS: (PLEASE TYPE OR PRINT CLEARLY)

Applicant’s Name				Please indicate program for which applying:			
<div style="display: flex; justify-content: space-between;"> Last Name First Name MI </div> <hr/>				<input type="checkbox"/> SOAR-HEALTH PROGRAM <input type="checkbox"/> SOAR-MHHD PROGRAM <input type="checkbox"/> Both			
Please rate the applicant on the following qualifications by marking the appropriate lines:	Outstanding (Upper 5%)	Excellent (Upper 10%)	Very Good (Upper 25%)	Good (Upper 40%)	Fair (Upper 40%)	Below Average (Lower 50%)	No basis for judgment
Intellectual ability							
Commitment to service							
Integrity							
Cooperation							
Maturity							
Self-motivation							
Interpersonal relationships							
Emotional stability							
Oral expression/Knowledge of English Language							

SECTION VI-A:**PLEASE GIVE YOUR RECOMMENDATION OF THE APPLICANT:**

Applicant's Name			Please indicate program for which applying:		
			<input type="checkbox"/> SOAR-HEALTH PROGRAM <input type="checkbox"/> SOAR-MHHD PROGRAM <input type="checkbox"/> Both		
Last	First	MI			
Please indicate your overall	Highest Recommendation	Highly Recommendation	Recommended With Confidence	Recommended With Reservations	Not Recommended

SECTION VI-B:

PLEASE SUMMARIZE YOUR OPINION OF THE ABOVE NAMED APPLICANT WITH LETTER OF RECOMMENDATION AND SUBMIT WITH THIS FORM. PLEASE BE SURE TO INDICATE THE FOLLOWING:

- a) How long you have known the applicant
- b) The capacity in which you know/have you known the applicant
- c) Qualities the applicant possesses that would make them a suitable SOAR-Health scholar
- d) Applicant's strengths and weaknesses as it applies to the ability to conduct research
- e) Overall strength of your endorsement (i.e. recommended or not recommended)

SECTION VI-C:**TO BE COMPLETED BY THE RECOMMENDER****Name (Please Print or Type)**

Position/Title

Address

Address 2

E-mail Address and Phone #

Signature and Date

Questions? Please contact Lan T. Le, Program Coordinator, by phone at (202) 687-5073 or by email at ltl5@georgetown.edu.