



SECTION VII: APPLICANT'S QUALIFICATIONS: <u>TO BE COMPLETED BY RECOMMENDERS ONLY</u>

SOAR PROGRAM 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. Georgetown 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 all letters of recommendation to the Program Contact: Hillary Robertson, MPH, CHES at har36@georgetown.edu Phone: 202-687-8617

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

Applicant's Name				Please indicate program for which applying:			
				SOAR- PROGRAM			
Last Name F	irst Name	-	MI			-	-
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:			
Last First MI		- SOAR PROGRAM				
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	
City, State and Zip	
E-mail Address and Phone #	
Signature and Date	

Questions? Contact: Hillary Robertson, MPH, CHES at <u>har36@georgetown.edu</u> Phone: 202-687-8617

As indicated by my signature, I understand that withholding information required on this application or giving false information may make me ineligible for admission to the University or subject to dismissal when the same is made known regardless of classification. With this understanding, I certify that all of the statements and information included are correct and complete; and, if admitted to the SOAR-HEALTH Program, I agree to abide by its policies, rules and regulations.

Applicant's Signature:	Date:	