UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Office of Student Research
655 West Baltimore Street
Bressler Research Building (M-019)
Baltimore, MD 21201-1559
410 706 3026 phone
410 706 0094 fax

StudentResearch@som.umaryland.edu
http://medschool.umaryland.edu/osr

HP-STAR: The Health Profession - Student Training in Aging Research Program

Recommendation Form

Deadline: March 31, 2013, 11:59 p.m.
Program Website: http://medschool.umaryland.edu/osr/hp-star.asp

Dear Recommender:

We would appreciate your candid evaluation of the student named below who is applying to this the program. Your comments will be held confidential. If you wish to write a letter of recommendation in addition to completing this form, you are welcome to do so. Recommendations are an integral part of the application. Your prompt response is appreciated as incomplete applications will not be evaluated.

- Please confine your answers to the space provided.
- To submit the form, and additional letter if applicable, you may

  1. Email the saved completed form directly to StudentResearch@som.umaryland.edu Or through the "Submit" button at the bottom of the last page. Please use your institutional email address for verification and include "HP-STAR Application: Recommendation" and the name of the applicant in the subject line. **OR**

  2. Print and sign the completed form and submit by fax to 410-706-0094 or by inter-campus mail to "ATTN: HP-STAR Application, Office of Student Research, Bressler M-019."

Thank you in advance for your time and cooperation.

Student Last Name	**First Name**

Faculty Name	**Email Address**
Title	**Phone Number**
Department	**Address**
Institution	**City / State / Zip**

Revised 3/5/2013

1. **Why do you feel this applicant is a good fit for the Program and would benefit from this research experience?** Include the student's potential impact as a future member of the research and medical community as a result of this experience.

2. **Approximately how long have you known the applicant?** ☐ Less than 6 months ☐ 6 - 12 months ☐ 1 - 2 years ☐ 2 - 3 years ☐ 3+ years

3. **What is your relationship to the applicant?** (check all that apply) ☐ Instructor ☐ Advisor ☐ Research Mentor ☐ Supervisor

4. **How well are you personally acquainted with the applicant?** ☐ Very Well ☐ Well ☐ Marginally

5. **How well acquainted are you with the quality of the applicant's work?** ☐ Very Well ☐ Well ☐ Marginally

6. **If instructor, in which course(s) have you had the applicant as a student?**

7. **From your personal knowledge, how would you rate the applicant academically?** ☐ Upper 3% ☐ Upper 10% ☐ Upper 25% ☐ Upper 50% ☐ Lower 50%

8. **To your knowledge, are there any special circumstances, financial or social, which you believe require consideration?**

Faculty Name

Date

NOTE: Please review your recommendation and save the completed form before submission.

Submit Recommendation

Revised 3/5/2013