



SUNY  
**D**OWNSTATE  
Medical Center

Downstate School of Graduate Studies Summer Research Program

June 2 to July 25, 2008

**Faculty Recommendation Form**

Name of Applicant \_\_\_\_\_

Department \_\_\_\_\_

Please address the applicant's abilities, motivation and special aptitudes that lead you to believe that he/she has the potential to do research and should go on for the Ph.D.

Signature of Faculty member \_\_\_\_\_ Date \_\_\_\_\_

Office Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_