

SIPID Project Coordinator
 SUNY Downstate Medical Center
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Summer Institute Program to Increase Diversity (SIPID) in Cardiovascular Health Disparities Research

MENTOR/COLLEAGUE RECOMMENDATION

To be completed by Applicant:

_____	_____	_____	_____
Last	First	Middle Initial	Social Security No.

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Applicants are also permitted to waive their right of access to recommendations. This form is used to help reach decisions on admission. It is not retained as part of the academic record of a student who enrolls at Washington University. Please indicate below whether or not you waive your right of access to this recommendation.

<input type="checkbox"/> I DO WAIVE my right to inspect the contents of the following recommendation. <input type="checkbox"/> I DO NOT WAIVE my right to inspect the contents of the following recommendation.	SIGNATURE _____ DATE _____
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To the Referee:

The applicant named above wishes you to provide a recommendation on behalf of her/his application for admission to the SIPID: Cardiovascular Health Disparities at SUNY Downstate Medical Center. We would greatly appreciate your objective evaluation of the applicant's qualifications. **Please complete the front side of this form and, in an accompanying letter, answer the questions on the reverse side.** Thank you for your help.

Please rank the applicant with respect to each category below.

	Outstanding (upper 5%)	Excellent (6-20%)	Good (21-50%)	Below Average (lower 50%)	No Basis For Judgement
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and implementation of experimental procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize facts and ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle stressful situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to function independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a research scientist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for the Summer Institute in Cardiovascular Health Disparities Research YES NO

Name		
Title and Department	Date	
College/University/Institution		
Street Address		
City	State	Zip Code
Telephone Number		E-Mail Address

Name of Applicant _____
Last *First*

In your accompanying letter of recommendation, please address the following points:

- Please evaluate the applicant's potential to be a successful research scientist.
- In what capacity have you known the applicant?
- If the applicant has worked in your laboratory, please describe his or her research accomplishments.
- What is your opinion regarding the overall potential of this applicant to succeed in this program?
- Are there any special circumstances that our admissions committee members should take into account when assessing the applicant's suitability for this program?