



SUNY
DOWNSTATE
Medical Center

University Hospital of Brooklyn

College of Medicine

School of Graduate Studies

College of Nursing

College of Health Related Professions

Downstate School of Graduate Studies Summer Research Program

June 2 to August 1, 2014

Faculty Recommendation Form

Name of Applicant _____

Email address of applicant _____

Required since recommendation forms sometimes precede applications.

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.

Name of Faculty Member _____

Department and School of Faculty Member _____

Office Address _____

E-mail Address _____ Telephone (____) _____

Signature of Faculty member _____ Date _____

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