



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

**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 \_\_\_\_\_