Last Name:



Student Applicant First Name:

Recommendation Form

Deadline: 11:59 PM EST on January 30, 2023

The recommender should email the completed form from their own email address to pauley.undergradfellowship@vcuhealth.org. Please note that this form has two pages.

Before emailing the completed form, please change the file name of this document to include the applicant's LAST NAME and FIRST NAME followed by "2023PHCUndergradFellowshipRecForm." *Example: SmithJohn2023PHCUndergradFellowshipRecForm.pdf*

Part 1.						
Recommender						
First Name:				Last Name:		
Email Address:				Phone:		
Affiliation:						
How long have you kno	wn the ap	plicant?				
In what capacity?						
Compared to his/her peobox):	_		•		` 	y one
	Below	Average	Above	Exceptional	Unable to	
	average		Average		assess	
scientific curiosity						
motivation						
intellectual ability						
analytical ability						
verbal communication						
written communication						
work ethic						
maturity						
reliability						
ability to work						
independently						
potential for a career in						
research						
overall						



Pauley Heart Center 2023 Summer Undergraduate Research Fellowship

Student Applicant

First Name:	Last Name:				
Part 2. Choose several qualities in the above chart and elaborate on them. Please discuss the applicant's strengths and weaknesses, ideally with regard to their academic and/or research experience.					